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THE

CANADA MEDICAL RECORD:

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CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

Black, Dr. C., On the Antagonistic Action of Belladonna and Opium ... 65
Bray, Dr. J., Primary Double Amputation of the Thighs, successfully and synchronously performed for railway injuries to the legs ... 172
Burns, Dr. J. H., Registration of the Condition of Health ... 1
Cassells, Dr., Report of a Fatal Case of Gun-Shot Wound of the Head ... 197
Cassells Dr., A Case of Nervous Inflammatory Puerperal Fever caused by a Vivid Dream ... 228
Chipman, Dr. H., Empyema Necessitatis and Empyema Cured by Aspiration ... 85
Goodwillie, Dr. D. H., Hindrance to the Respiration by Disease of the Nose ... 57
Hingston, Dr. W. H., Certain Anæsthetics ... 225
Hingston, Dr. W. H., Treatment of Surgical Wounds ... 301
Holmes, Dr. T. K., Treatment of some Febrile Diseases by the External Application of Cold ... 31
Howard, Dr. Henry., Idiotcy and Imbecility not Insanity: A Definition of Idiotcy and Imbecility ... 59
Howard, Dr. Henry, A Case of Consecutive Chronic Dementia, involving an important Medico-Legal Question ... 169
Kerr, Dr. James., Case of Extra-Uterine Fœtation ... 115
Marsden, Dr. W., Ectropia Renalis ... 307
Mount, Dr. J. W., Annual Address to the Montreal Societé Médicale ... 88
Nelson, Dr. C. E., A New Rectal Bougie ... 87
Perrigo, Dr. James., Over-study of Young Ladies in Schools and Convents ... 4
Roberts, Dr. Carr Holstock, Cases in Practice ... 5
Ross, Dr. James., Rotation of the Fœtal Head from Occiput Posterior to Occiput Anterior Position by Manual Interference ... 141
Scott, Dr. Wm., Ecraseur for the Removal of Internal Uterine Tumors ... 86
Sewell, Dr. James., Tea as a Valuable Therapeutic ... 310
Smith, Dr. A. Lapthorn., Foreign Body in the Nostril ... 257
Stevens, Dr. A. D., Chloride of Ammonium in Common Goitre ... 113
Wilkins, Dr. George, New Kymograph ... 174
Wilkins, Dr. George, Case of Spinal Apoplexy ... 198
Wilkins, Dr. George, Ovariotomy, Recovery ... 277
Wood, Dr. Casey A., Cases in Practice ... 29
Wood, Dr. Casey A., The Social Duties of the Medical Profession ... 253

PROGRESS OF MEDICAL SCIENCE.

A Gospel Truth ... 97
Abortion, The Tampon in ... 249
Abortion, Viburnum Prunifolium in Threatened ... 271
Abscess of the Liver, Aspiration for ... 242
Acute Articular Rheumatism ... 247
Acute Catarrh of the Middle Ear, The Management of ... 7
Acute Meningitis Treated by Potassium Iodide ... 8
Advances in Pharmacy ... 12, 46
Agaricum in Night Sweats of Phthisis ... 40
Alcoholism, Treatment of ... 318
Alopœcia, Fournier on ... 259
Amenorrhœa and Dysmenorrhœ, A Clinical Lecture on ... 293
An Important Decision, Mallory vs. Ontario Medical Council ... 243
Aristocratic Remedy for Itch ... 298
Arsenic in Heart Disease ... 313
Arthritis, Iodoform in Chronic ... 291
Asthma, Ethyl Iodide in ... 315
Barber's Itch, Treatment of ... 296
Baths and How to Use them ... 74
Benzoate of Soda in Gonorrhœal Ophthalmia ... 230

PAGE

Benzoate of Soda in Ulcerations ... 231
Bladder, Inflammation of ... 250
Bleaching Sponges ... 245
Boracic Acid in Skin Diseases ... 206
Brombydric Acid in Tinnitus Aurium from Quinine. 17
Bromide of Potassium, External Application of ... 74
Bromine in Laryngeal Croup ... 319
Bronchitis and its Treatment ... 127
Calomel ... 296
Calculi, A Single Method of Evacuating Small ... 291
Calling the Doctor ... 217
Carbolic Acid in Shingles ... 73
Carbuncle, Cupping in ... 76
Castor Oil, Administration of ... 299
Catarrh, Treatment of Naso-Pharyngeal ... 250
Chancres, Treatment of Phagedenic ... 291
Children's Diseases, Recent Progress in the Treatment of ... 70
Chloroform Asphyxia ... 132
Chloroform Question, The ... 313
Cholecystotomy, Successful Case of ... 220
Chorea, Salicylate of Soda in ... 251
Chorea, Treatment of ... 153
Chronic Suppurative Inflammation of the Middle Ear 9
Clinic by Prof. Gross ... 219
Coccygodynia ... 216
Cold, How to Take a ... 130
Cold, Therapeutical Action of ... 237
Cold and Hot Water in Post Partum Hemorrhages ... 246
Conflagration from the use of the Thermo-Cautery during Anœsthesia from Ether ... 218
Convulsions, Treatment of Infantile ... 158, 280
Corns, Remedy for ... 241, 258
Coto Bark in the Diarrhœa of Phthisis ... 103
Cough, Treatment of ... 146
Creasote and Phthisis ... 296
Croup, Bromine in Laryngeal ... 319
Croup, Ice in ... 297
Croup, Rules for the Treatment of ... 144
Cure of Consumption ... 98
Defibrinated Blood for Rectal Alimentation ... 6
Delirium Tremens, Treatment of ... 269
Dentition, Lancing the Gums in ... 317
Dextro-Quinine in Periodical Hemicrania ... 290
Diabetes, Nitrate of Uranium in the Treatment of ... 241
Diarrhœa of Adults, the Summer ... 260
Digestion and Absorption in the Large Intestines ... 294
Digestive Pellets, Hagar's ... 279
Digitalis Hypodermically in Flagging Heart ... 231
Diphtheria, The Treatment of ... 315
Duplicating Prescriptions ... 126
Dysentery, A New Remedy for ... 317
Dysentery in Children, Treatment of ... 243
Dysentery and Diarrhœa, Mercuric Chloride in ... 119
Dysmenorrhœa, Ergot in Congestive ... 289
Dyspnœa, Treatment of Cardiac ... 241
Earache, Chloroform Vapor in ... 148
Eczema ... 74
" Treatment of ... 91
" of the Hand, Treatment of ... 94
" Intertrigo of Infants ... 251
Elixir Chloroformi Comp. ... 313
Emetic for Infants, An ... 289
Enlarged Prostate, Treatment of ... 68
Enteric Fever, Treatment of ... 103
Epilepsy, Treatment of ... 8, 211
" Ergot and Bromide of Sodium in ... 251
" A New Remedy for ... 289
Ergot in Congestive Dysmenorrhœa ... 289
" Topical Uses of ... 212
Ether, Administration of ... 69
Ethyl Iodide in Asthma ... 315
Filling Teeth after Extraction and Replacement ... 298
Fingers, Suggestion for the Treatment of Swollen ... 297

	PAGE
Fœtis, Treatment of the	251
Gelsemium in Neuralgia	77
Giant Birth, A	71
Gonorrheal Ophthalmia, Benzoate of Soda in	230
Guaiacum, Formula for	246
Hæmoptisis, Treatment of	241, 292
Hæmorrhoids, Treatment of	102, 106, 267, 291
Hæmorrhages, Cold and Hot Water in Post-Partum	246
Hæmostatic, Vinegar as a Post-Partum	246
Headache, Dangers of Habitual	270
Headache from Tinct Ferri, To Prevent	291
Heart Disease, Arsenic in	313
Hemicrania, Dextro-Quinine in Periodical	290
Hernia, Strangulated, in Private Practice	317
Herpes, Powder for the Ulcers of	258
Herpes Zoster, Carbolic Acid in	73
Hippocrates, Mrs	131
Hoarseness, Borax and Nitre in	292
Hooping Cough	244
Hot Applications to the Head Ulterine Hœmorrhages	96
Hot Bath as a Restorative, The	318
Hot Water Douche in Parturition	45, 100
Hydrobromic Ether	231
Hysterical Retention of Urine	100
Hysterics, Treatment of	237
Ice in Croup	297
Ichthyosis Hystrix	124
Illumination of the Cavities of the Body by a New Instrument	36
Indications for Turning	271
Infantile Diarrhœa, Treatment of	43
Inflammation of the Bladder	250
Incontinence and Retention of Urine in Children	48
Innocuousness of Certain Heart Lesions	247
Insensibility from Ether, The First	245
Iodoform in Chronic Arthrites	291
Iodoform in Otorrhœa	268
Iron in Combination with Ammonium Chloride in Certain Stages of Cardiac Disease, The Uses of	41
Itch, Aristocratic Remedy for the	298
Itch, Barbers, Treatment of	296
Jaundice, The Signification of, its Dangers, and the Importance of Prompt Treatment	235
Labor, Management of Natural	183
Lactopeptine	37
Lancing the Gums in Dentition	317
Laryngeal Croup, Bromine in	319
Laryngismus Stridulus, Treatment of	217
Laryngitis, The Cough of Tubercular	315
Leucorrhœa, Clinical Lecture on	148
Liver, Actions of Remedies on the	240
Lumbago, Treatment of	100, 269
Lung Consolidation, Residence Abroad in	125
Malpractice, a Remarkable Case of	245
Mammary Abscess, Prevention of	157
Mammary Inflammation, Treated by Ice	75
Measles not a Trivial Disease	263
Membranes, When to Rupture the	250
Mercuric Chloride in Diarrhœa and Dysentery	119
Method of Preserving Dead Bodies	102
Middle Ear, The Management of Acute Catarrh of the	7
" " Chronic Suppurative Inflammation of the	9
Milk, Medicinal Use of	132
Moles, Removal of	291
Nævus, Removal of	291
Nares, New Method of Plugging the Posterior	220
Nasal Catarrh, The Treatment of Chronic	215
Naso-Pharyngeal Catarrh, Treatment of	250
Nasal Polypi, Speedy Cure of	243
Natural Labor, Management of	183
Nausea in Pregnancy, Pop-corn in the	231
Necessity of Providing Children with Water to Drink	296
Nervous Cough in Pregnancy	290
Neuralgia, Gelsemium in	77
Night-Sweating of Phthisis, Treatment in	37
" " " " Dover's Powder in	76
" " " " Agaricum in	40
Nipples, For Sore	249
" Gutta Percha for Fissured	219
" Treatment of Cracked	215
Obesity, Plans for Reducing	133
Operations on the Mouth and Throat, The Value of the Dependent Position of the Head in	231
Opium	246
Oblique Scarification in Port Wine Mark	95
Ophthalmia, Lunar Caustic in the Treatment of	158, 243
" Gonorrhœal, Benzoate of Soda in	230
Otorrhœa, Iodoform in	268
Ozœna, Recent Suggestions for	147
Perineal Lacerations, Importance of Attention to Slight	132
Phagedenic Chancres, Treatment of	291
Pharmacy, Advances in	12
Phosphide of Zinc	220
Phosphate of Lime	74
Phosphorus in the Treatment of Chronic Alcoholism	7
Phthisis, Antiseptic Treatment of	131
" Creasote and	295
" Agaricum in the Night Sweats of	40
" Coto Bark in the Diarrhœa of	103
Piles, Slippery Elm Suppositories in	206
Pill Varnish (Hagar)	296
Plaster of Paris, To Remove it from the Hands	206
Pneumonia, Double, and Abortion	96, 289
" Treatment of	292
Points in the Surgery of the Urinary Organs which every Practitioner ought to know	266
Polypi, Speedy Cure of Nasal	243
Pop-corn in the Nausea of Pregnancy	231
Port-Wine Mark, Scarification in	95
Potassium Iodide	279
Pregnancy, Should Teeth be Extracted during	316
Prolapse of the Rectum in Infants	317
Prompt Renewals	296
Prostate, Treatment of Enlarged	68
Pruritas Ani	107, 134
Pruritas Vulvæ	72
Purgative, A Tasteless Saline	213
Purgatives, Choice of	271
Pyrogallic Acid in Hœmoptysis	251
Quinine for Children	221
Quintuple Birth	270
Rectal Alimentation, A New Method of	154
" " Defibrinated Blood for	6
" Medication	239
Rectum, Prolapse in Young Infants	317
Residence Abroad in Lung Consolidation	125
Retention of Fœces, Clinical Lecture on	207
Rheumatism, Acute Articular	247
" On the Treatment of	180
" Therapeutics of	134, 232
" Treatment by Potassium Iodide and Rigid Os Uteri, Tartar Emetic in	17
Ringworms, Liniments for	216
Rosacea of the Face	206
Salicylic Acid, A Perfect Solution of	295
Salicylate of Soda in Chorea	251
Scabies, Treatment of	145
Sciatica, Chloroform Hypodermically in	269
Sea Sickness, Treatment of	258
Shingles, Carbolic Acid in	73
Should Teeth be Extracted during Pregnancy	316
Sinuses, Villate's Mixture in the Treatment of	297
Skin Diseases, Boracic Acid in	206
" " Treatment of	145
Sleeplessness from Thought	287
Sneezing, How to Cure fits of	44, 130
Soup	244
Spice-bag, How to make a	215
Sponges, Bleaching	245
Sprains and Wounds	230
Stammering, Treatment for	288
Stethoscope, The Origin of the	288
Strangulated Hernia in Private Practice	317
Succinate of Iron in Gall Stones	99
Summer Diarrhœa in Adults	260
Surgery, Aids to	210
Swallowing a Safety-pin	97
Swollen Fingers, Suggestions for Treating	297
Syphilis, Treatment of	218
Syphilitic Sore Throat	13
Tea on the System, Effects of	97
Teeth-filling, after Extraction and Replacement	298
Teeth, Should they be Extracted during Pregnancy	316
Therapeutics, a Revolution in	242
The Cough of Tubercular Laryngitis	315

	PAGE
The Chloroform Question	313
The Tampon in Abortion	247, 249
Tight Lacing	216
Tineæ Tonsurans	125
Tinnitus Aurium from Quinine, Bromhydric Acid in	17
Tongue in Disease, Appearance of	244
Toothache, Pleasant Remedy for	134
Transfusion of Defibrinated Blood	156
Turning, Indications for	271
Typhoid Fever, Prevention of Relapses in	206
" " Treatment of	104
Ulcerations, Benzoate of Soda in	231
Urticaria, Treatment of	74, 221
Uterine Disease, Marital Relations in	241
Uterine Hæmorrhage, Flagellation a Preventive of	214
Value of Calomel in Zymotic Diseases of Infancy	101
Varnish, Hagar's Pill	296
Vaseline as a Base for Ointments	291
Venereal Warts	319
Viburnum Prunifolium in Threatened Abortion	271
Villates Mixture in the Treatment of Sinuses	297
Vinegar as a Post-partum Hemostatic	246
Vomiting of Pregnancy, Cure for	232
" " " Hydrate of Chloral and Potassium Bromide Enemata in	67
Warm Water in Surgery, The Value of	242
Warts, Venereal	319
When to Rupture the Membranes	250
Zymotic Diseases of Infancy, Value of Calomel in	101

EDITORIAL.

A Royal Physician	252
Athletic Sports	159
Board of Health	108
Case of Quadruplets	160
Canada Medical Association	18, 298, 321
Cholera in Japan	79
Clorinda	298
Club Rates with Scribner's Magazines	79
College of Physicians and Surgeons of the Province of Quebec	20, 160
Congratulatory Resolutions to Dr. Robitaille, Lieut. Governor of the Province of Quebec	79
Cook's Grand Excursion to Europe	160
Doctor's Bills	190
Editorial	220
Food and Food Medicines in Surgery	224
Grand Trunk Dining Cars	273
Hydrate of Chloral	136
Lactopeptine	138, 274
Laval University Hospital	191
Legal Liabilities of Hospitals and of Medical Men	136
Lindsay & Blakiston's Visiting List	79
Literary Note on Vivisection	320
Measles in Montreal	159
Medical Officers in the Canadian Volunteers	135
Medico-Chirurgical Society of Montreal	28, 55, 82, 112, 138, 161, 194, 273, 298
Montreal General Hospital	187
Mr. Hughes' Pamphlet	49
Murder of an Italian Physician	84
New Dispensary in Montreal	251
New Kymograph	49
New Library of the New York Academy of Medicine	50
Pharmaceutical Association of the Province of Quebec	276
Puerperal Malarial Fever	189
Quackery	320
Relations between Physicians and Druggists	78
Sale of Poisons	320
Successful Transfusion with Chicken's Blood	84
Surgeon Majors in the Canada Militia	78
The Montreal Medical Schools	19
The Oldest Lecturer in Europe	56
To Our Subscribers	272
Tri-Annual Meeting of the College of Physicians and Surgeons Province of Quebec	274
Typhoid Fever in Montreal	79
University of Bishop's College	192
Unus E Pluribus	19
Volunteer Medical Officers	101
Woman's Hospital in Montreal	110, 191

REVIEWS.

A Guide to Surgical Diagnosis (Heath)	52
A Guide to the Practical Examination of Urine (Dr. James Tyson)	223
A Manual of the Practice of Surgery (Dr. W. Fairlie Clarke)	137
Atlas of Skin Diseases (Dr. Louis A. Duhring)	20, 81
A Treatise on Hygiene and Public Health (Dr. A. H. Buck)	50
A Practical Treatise on Nervous Exhaustion (Neurasthenia), its Symptoms, Nature, etc. (Dr. Geo. M. Beard)	110, 224
Anæsthetic Manual (Dr. Lawrence Turnbull)	52
Brain Work and Over-work (Dr. H. C. Wood)	137
Camille; or, The Fate of a Coquette, by Dumas, jr.	300
Complimentary Dinner to Prof. S. D. Gross	53
Diseases of the Stomach; Varieties of Dyspepsia (Dr. Habershon)	53
Diseases of the Throat and Nasal Passages (Dr. J. S. Cohen)	80
Elementary Anatomy, Physiology and Hygiene for the use of Schools and Families (Dr. Edmund Playter)	299
Electricity in Medicine and Surgery (Prof. Jno. J. Caldwell)	224
Eye-sight and how to Care for it (Dr. Geo. C. Harlan)	54
First Step in Chemical Principles (Dr. Henry Leffman)	20
Headaches, their Nature, Cause and Treatment (Dr. Wm. H. Day)	193
Lucie Rodey, a Society Novel (Henry Greville)	275
Medical Chemistry (C. Gilbert Wheeler)	110
Memoranda of Poisons (Tanner)	54
Our Homes (Dr. Henry Hartshorne)	161
Outlines of Practice of Medicine (Dr. Sam. Fenwick)	137
Paracentesis of the Pericardium (Dr. Jno. B. Roberts)	275
Peterson's Dollar Series	300
Pocket Therapeutics and Dose Book (Dr. M. Stewart, Jr.)	81
Richets Histology and Physiology of the Cerebral Convolutions (Wood & Co.)	223
Reports of the St. Louis Medical Society on Yellow Fever (Dr. Ford)	19, 300
Sore Throat, its Nature, Varieties, &c. (Dr. Prosser James)	138, 193
Student's Guide to Diseases of Women (Dr. Galabin)	52
Student's Pocket Medical Lexicon (Elias Longley)	54
Summer and its Diseases (Dr. James C. Wilson)	54
Theory and Practice of Medicine (Roberts)	299
The Mouth and the Teeth (Dr. J. W. White)	80
The Throat and the Voice (Dr. J. Solis Cohen)	80
The Hypodermic Injection of Morphia (Dr. H. H. Kane)	193
The Microscope and Microscopic Technology (Prof. H. Frey)	275
The Black Venus (A Novel)	300
The Stranglers of Paris, A Novel (Adolphe Belots)	300
The Trials of Russia (Henry Greville)	300
Transactions of the College Physicians and Surgeons of Philadelphia	300
Transactions of the Ohio State Medical Society (Cott & Hann)	52
Winter and its Dangers (Dr. Hamilton Osgood)	81
Therapeutical Notes	95
Medical Items	28, 50
Births	28, 56, 140
Marriages	112, 196, 324
Deaths	28, 54, 196
Obituaries	54, 161, 168, 251
Personal	19, 80, 136, 193, 252, 299, 321
Correspondence	67, 90, 118, 119, 142, 204, 229, 313

THE CANADA MEDICAL RECORD.

VOL. VIII. MONTREAL, OCTOBER, 1879. No. 1.

CONTENTS.

PAGE.

ORIGINAL COMMUNICATIONS.

Registration of the Condition of Health, by J. H. Burns, M.D., Toronto, 1—Over-Study in Young Ladies' Schools and Convents, by James Perrigo, M.D., M.R.C.S., Eng., 4—Cases in Practice, by Carr Holstock Roberts, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., M.B., M.A. 5

PROGRESS OF MEDICAL SCIENCE

Defibrinated Blood for Rectal Alimentation, 6—Phosphorus in the Treatment of Chronic Alcoholism, 7—The Management of Acute Catarrh of the Middle Ear, 7—Acute Meningitis Treated by Doses of Iodide of Potassium, 8—Treatment of Epilepsy, 8—Chronic Suppurative Inflammation of the Middle Ear, a Lecture by O. D. Pomroy, M.D., New York, 9—Advances in Pharmacy, 12—Lecture, Syphilitic Sore Throat, 13—Tartar Emetic in Rigid Os Uteri, 17—Bromhydric Acid in Tinnitus Aurium from Quinine, &c. 17

EDITORIAL.

The Canada Medical Association, 18—Unus E Pluribus, 19—The Montreal Medical Schools, 19—Personal, 19—Reviews, 19—College of Physicians and Surgeons, Province of Quebec, 20—Medico-Chirurgical Society of Montreal, 22—Medical Items, 28—Birth, 28—Death 28

Original Communications.

REGISTRATION OF THE CONDITION OF HEALTH.

BY J. H. BURNS, M.D., TORONTO.

(Read before the Canada Medical Association, at its Meeting in London, September 10th, 1879.)

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MR. PRESIDENT AND GENTLEMEN,—It is proposed to make a few remarks upon registration generally, but specially to point out some of the advantages to be gained by the registration of the state of health or the prevalence of disease.

At the present time accurate statistics are so little valued, that our method of obtaining them is far in the rear of that of most civilized countries, and it is only very recently that the public has begun to recognize the benefits of a complete system of registration.

Owing to the fact that little profit has hitherto been derived from statistics as returned, many have been slow to acknowledge the utility of spending time and money in this direction, and we may attribute the laxity with which the prescribed legal regulations are at present enforced, to the want of an intelligent appreciation of benefits to be derived therefrom. It is still too often thought that, being merely to gratify the curiosity of a few, it can be in a great measure dispensed with, and I regret that in Canada the subject has become somewhat of a bugbear to those imperfectly acquainted with its importance.

Now as regards the registration of mortality it may be safely said that there is not one single place in Canada where the law is by any means satisfactorily carried out, for not only is there a confusion as to immediate cause of death, but the law itself is defective in its requirements, as the true object of registration should be to ascertain *accurately* the conditions attendant on death, with as full information as can be procured. For instance it is not enough to record such facts only as the Ontario Government now requires, viz., age, nativity, sex, disease, and date of death; but the return should state whether the disease was inherited or contracted, if the result of an epidemic or merely an isolated case, and whether the surroundings were disease producing, or not. If in consequence of an epidemic, whether it was the first fatality; some account also of the epidemic should be required, stating whether it was more or less than usually prevalent or fatal, and above all whether predisposition existed. Professor Kedzie of Lansing says: "The first and indispensable quality of all statistics is accuracy, and if the records upon which the vital statistics are founded are notoriously imperfect and inaccurate the deduction drawn from such records will be proportionately unreliable, if not actually misleading—the general cause of this inaccuracy being the present mode of collecting the returns of births, marriages, and deaths." Now, in order that the desired result should be attained, information should be gathered

from the parents, relatives or friends, who should fill up the part of certificate relating to sex, age, nativity, habits, &c., and then duly signing it hand it to the physician to add his information, and ultimately pass it on to the registrar for a permit to bury. By accurately filling out this form in all its details, and combining the results with those obtained by a system of registration of the state of health which I wish to advocate, it would be a comparatively easy task to obtain what is now quite impossible, viz., the proportion which may be found to exist at any given time between the sickness and the death rate.

Time would not permit my going over this vast field of research fully, therefore I shall merely glance at a few points, and draw your attention to the advisibility of carefully collecting health records, and comparing them with meteorological notes for a corresponding period, so as to endeavor to prove what is daily observed, viz., the great effect the weather in its changes has upon health.

The attention of the profession in Toronto has lately been called to this subject by Mr. Monk, of the Meteorological service, by a paper entitled "The Influence of Weather on Health," which he read at one of the late meetings of the Medical Society there. He urged the desirability of obtaining data regarding the prevalence of disease, and strongly advocated the necessity of physicians keeping a weekly record of all cases coming under their notice, so that it might be compared with the weather returns.

In the paper referred to, and also by diagrams Mr. Monk had prepared, attention was drawn to the remarkable relation existing between the changes of the weather and the changes of the death rate, and although all present will acknowledge the influence of the weather on health, they will equally concede their want of information concerning their exact connection.

On the conclusion of the paper, a scheme for the registration of health returns was proposed and cordially endorsed by the Society, and the willingness shewn by members of the profession to carry it out is a proof that the subject is thought by them to be well worthy of investigation.

It has been borne in mind that, in order to make the system as successful as possible, its requirements must demand but little time and thought from active practitioners, for if the law enforces a strict regulation necessitating such returns (especially without remuneration), unless a true interest be displayed, we fear a good result might never be obtained.

In the case of complete and satisfactory returns there would be no difficulty in publishing a topographical disease chart, which would be of great utility and interest.

Observations for a few years would prove of great service in enabling us to class diseases according as they are influenced by the weather. For example, if the courses of certain diseases during the year are represented by diagrams, we shall find that different kinds of diseases prevail much more extensively under certain atmospheric conditions, or during particular portions of the year. At a casual glance it may seem impossible ever to be able to counteract the influence of the weather, but with a knowledge of coming events, such as the published probabilities afford us, we shall possess many great advantages.

As the changes of weather progress from westward to eastward, so also it may be found that epidemics which are at all influenced by the weather may travel in the same way, and if the proposed system of health registration becomes as universally adopted as is the recording of the weather, we may be able to construct charts which will shew us at a glance the prevailing diseases at all points. Shall we not then be better prepared to guard against such diseases (especially those which become epidemic), and will not additional light thus be thrown on many questions? Upon this very subject Professor Kedzie, President of the Michigan State Board of Health, remarked as follows: "What relation do these reports of the medical and meteorological observers bear to each other? Is there any causal element in the meteorological conditions which produces effects in the sanitary conditions? We shall undoubtedly find that the curves of temperature have a marked control over certain diseases, that a sharp rise of temperature increases diseases of the digestive system, while a rapid fall of the temperature increases diseases of the respiratory system. Statistics from many lands would lead us to expect this in ours, but let us not be content with this meagre result, let us push on to see if other causal relations may not be discovered. What

influence has the presence or absence of atmospheric moisture on diseases of the respiratory, circulatory or nervous systems? Is there any relation between the presence or absence of atmospheric ozone and the prevalence or absence of any disease? Does the amount of cloudiness have any influence on diseases of the nervous system? Do the barometrical fluctuations have any effect on the circulatory and nervous systems? These are some of the questions I hope to see brought before us by the combined study of our meteorological reports and the weekly reports of prevailing diseases. I am not sanguine that the results will be at *first* inspection apparent, or that we shall reach any results without careful and prolonged study, even if we shall ever be able to satisfy ourselves on all these questions, but I am convinced that if the relations of these climatic conditions to the public health are ever determined, it will be by the combined study of meteorological conditions *and the prevailing diseases*, rather than by comparison of meteorological conditions with the mortuary records. A wider scope must be given to the study of vital statistics before results of the highest value are reached."*

It may be remarked also that a very large field of observation is afforded in the study of the effects of approaching electric atmospheric conditions, which will be of the very greatest importance, more especially to those engaged in the study of diseased mental phenomena.

The varying pressure of the atmosphere is one of the most important conditions to be taken into account, as the changes and their rapidity, or the existence for a lengthened period of a pressure much above or below the normal, will, no doubt, be found to predicate or co-exist with certain diseases. In extreme cases it is said that the change in atmospheric pressure amounts to nearly one pound on every square inch of surface. According to Dalton, assuming that there are 2000 sq. inches on the outer surface of the body and about 1,400 sq. feet of surface in the lungs, there would be a change of pressure amounting to about 100 tons upon the human system, consequently it appears that atmospheric pressure must be a very important factor in the influence of weather on health, as the amount of humidity, ozone, etc., appears to depend upon the varying conditions of temperature and pressure, and, except in a few instances, can hardly be said to have an independent effect upon health. Among other instances of the influence of the weather it is a well known fact that before yellow fever becomes epidemic the temperature must have attained or remained above a certain degree for a certain period; and in the last report of the Registrar General for Ontario it is shown that when the temperature in New York was above the average of 80 degrees for the week the deaths from all causes increased enormously, more especially amongst children under 5 years of age.

In summing up some of the results to be derived from a discussion of health statistics, I will conclude a subject which I trust will be well considered by all present. These statistics will enable us

1st. To ascertain the influence of the weather on health.

2nd. To determine the proportion which may exist between the sickness-rate and the death-rate.

3rd. Having obtained a knowledge of the existence of an epidemic, to take precautions to prevent its spread and to mitigate its effects.

4th. To interchange this information with our neighbors to our mutual advantage; and

5th. To obtain better ideas regarding the origin and progress of disease generally.

For the data we must depend upon the medical profession, and an intelligent public must grant us its support and assistance, for, as Professor Tyndal asserts: "If anything is to be done in the way of any *really* great sanitary improvement, it must be from the people themselves," and it appears to be a fit subject for discussion as to whether the Government should take immediate action in this connection, or that for a time we should continue the system which has been proposed and which at present is being put in operation, A copy of the form used in reporting is appended.

Diseases in ____ during week ending Saturday ____ 18

	Number of Cases.	Severity*	Remarks.†
Asthma			
Brain, Inflammation of			
Bronchitis (Acute)			
" (Chronic)			
Cerebro-Spinal Meningitis			
Cholera Infantum			
Cholera Morbus			
Consumption, Pulmonary			
Croup, Membranous			
Diphtheria			
Diarrhœa			
Dysentery			
Erysipelas			
Fever, Intermittent			
Fever, Remittent			
Fever, Enteric			
Influenza			
Laryngitis			
Measles			
Megrim			
Myalgia			
Neuralgia			
Pleurisy			
Pneumonia			
Puerperal Fever			
Pulmonary Hæmorrhage			
Rheumatism			
Scarlatina			
Small-Pox			
Whooping-Cough			

*The severity of the disease should be noted, using the signs =, +, or —, according as the disease is about the same, or more, or less than usually severe.

†In this column, any notes regarding special cases, or remarks on the sanitary conditions, might be entered. The blank space is left for the mention of diseases not named in the list.

_____ *M. D.*

* State Board of Health, Mich., 1878, page 7.

OVER-STUDY IN YOUNG LADIES' SCHOOLS AND CONVENTS.

By JAMES PERRIGO, M.D., M.R.C.S., Eng.,

PROFESSOR OF MEDICAL JURISPRUDENCE, UNIVERSITY OF BISHOP'S COLLEGE.

Neurasthenia and Womb-diseases, by Dr. Goodell, of Philadelphia, touches a subject that seems to have been apparently neglected by most observers. It will do good service, as it brings prominently before us the evil results of forcing learning into the heads of young girls regardless of all consequences. Every practitioner, no doubt, has met with a number of cases of disordered and difficult menstruation, attended with more or less anemia and neuralgia, the histories of which could be traced to over-study and too close confinement at school. Education in the nineteenth century apparently is not based upon Worcester's definition. He defines education as "that series of instruction and discipline which is intended to enlighten the understanding, correct the temper, and form the manners and habits of youth, and fit them for usefulness in their future stations." As the process is carried out in our schools and convents, it appears rather to consist of intellectual cramming, to get through as much work as possible in a given time, to force girls to learn accomplishments for which they have no inclination in a good many instances, to keep them tightly-laced, and give them a half-hour dead-march walk through the quiet streets of the town. Nothing human can change the requirements of nature, and, as Lord Bacon says, "she is often hidden, sometimes overcome, seldom extinguished." A persistence in the present manner in guiding the studies of our young girls will rapidly (if it has not already partially done so) give us a generation of sickly looking females. In visiting the New England States, and some of their large cities, we were rather surprised at seeing so many sickly looking females, all more or less shewing the appearance of anemia or chlorosis. In conversation with the medical men, they, one and all, stated that it originated from their system of forced education at boarding-schools, and they added that competitive examinations helped to increase the evil results.

In Canada, taking Montreal as an example, we have drifted considerably in the same direction, and the profession here should give warning. There is no use in denying the fact, as it has been amply proved in practice, a great many girls begin their invalid career at the age of puberty, from no other cause than that no allowance is made for the new strain upon the nervous system. Their studies are not only continued, but, at that age, additions to them are made, when they should be lightened or followed less vigorously. What is the result? Backache, flushing of the face with headache, loss of appetite, menstruation, which has been partially established, checked, and more or less hysteria. To give an example, we will detail the following case, which was under our care two years ago. Miss H., æt. sixteen, with puberty fairly established, as she had been menstruating regularly for some time, began to complain of headache and a sense of lassitude. This was when the session of her school was about three months advanced. It was easy to see overwork was the cause. She was at the head of her class, but had a strong competitor in another young lady who was always very close to her. The parents had a natural pride in the ability and success of their child, and they allowed no obstacle to be in the way of her keeping the first place in her class. Outdoor exercise and amusements in their opinion wasted precious time. They ridiculed the opinion when given to them that it was overstudying, and the anxiety connected with it, of keeping her place, and absolutely refused to give their daughter a rest from work. They stated they were of strong constitutions themselves, and that their daughter possessed the same, and that she was doing no more than what they did in their young days. To convince the mother of the difference of her studies in her youthful days and those of her daughter, the two were compared. Those of the mother consisted of the three R's., and the daughter had to plod through advanced arithmetic, algebra, Euclid, moral philosophy, literature, ancient and modern history, and French. In addition to this she was forced, an hour every day, to drum on the piano, much against her own inclination as she was not fond of music. Outdoor exercise consisted in the walk to and from school. Notwithstanding all this they peremptorily refused the much needed rest, and asked for a tonic, stating they thought that quite

sufficient. I may state, the winter before, this young girl's health nearly gave way from the same cause. Explaining to them a tonic would only be of partial benefit, one was given. The tonic consisted of phosphoric acid, pyrophosphate of iron and liq. strychnia. True enough the benefit from it was very small, and that little was only temporary. Fearing I did not know as much as I should about their daughter's case, they consulted some one else, and in about four months' time they had consulted four or five different medical men, one of them being a homœopath, and in every instance were given the same advice, which, of course, they did not follow. In the end they returned to me, wishing to know if it were advisable to take her to New York. The young lady's condition was worse; she still suffered from headaches, and her menstruation had become irregular, scanty and very painful. She dreaded the return of every period on account of the pain. Instead of being able to follow her studies at school, she was now half the time at home confined to the sofa. So much for the ambition and pride of her parents. Feeling now I was master of the situation, the advice about visiting New York was given, that it was wholly unnecessary, that all that was required was a little common sense on their part to follow out the instructions already given here. They consented at last, their daughter was taken from school, and change of occupation was effected by making her do some light house-work upon those days she was able. She was forced to go out and indulge in the amusements of her age. The same tonic was given to her and she rapidly improved. As soon as the summer months arrived she was sent to the country, from which she was not allowed to return until the autumn. She was then in perfect health. Her parents saw, at last, the wisdom of following the instructions given, and she was never allowed to over-apply herself to her studies again. As a result of this, they were not only surprised but gratified that she made as much progress and kept as good a position in her class as when she was jaded by over-work.

Parents and teachers should bear in mind the fact, that young girls at the time of puberty should not have too great a strain put upon their nervous system, that it is at this time all their strength should be husbanded for the development that is taking place. A girl's future health is more or less stamped by the manner in which puberty has been established.

It is a pity the German practice is not in vogue here. There a young girl is sent to school until menstruation begins to appear, when she is kept at home and only allowed to study moderately under the guidance of a visiting governess, after which she returns to school, and care is taken, at each menstrual period, of allowing her a little more leisure time.

The experience of this prudence shews that time is not lost, but rather an advantage is gained. These German girls graduate from school well developed young ladies, and are much better able for the cares of future life than the majority of the same class on this side of the Atlantic.

CASES IN PRACTICE.

By CARR HOLSTOCK ROBERTS, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., M.B., M.A.

J. S., æt. 41, short, stout, healthy-looking man who said he had never had a day's illness in his life, called me up early one morning complaining of excruciating pain in the rectum, as if something was "sticking into" him some distance up the bowel. A digital examination, and one per speculum ani, failed to detect anything; but, as he insisted there was something there, a good dose of castor oil was ordered, and after that had operated, no relief being afforded, some warm water enemata were used, which had the effect of dislodging the substance and bringing it down so near that I was able to hook out with the finger (bending it in two whilst so doing) a splinter of wood the length of my forefinger, and sharply pointed at both ends: it was evidently a splinter from a sugar cask which had been swallowed. The patient remembered, about ten days previously, being nearly choked whilst drinking some coffee at breakfast, and fancied then that he had swallowed something. The marvel is that it should have passed through the many feet of convolutions of intestine to be arrested in its progress just in the only position where mechanical aid was able to afford relief. I remember many years ago being present at a post-mortem on a fine healthy young man who had for days suffered great agony from pain in the abdomen which

was always persistent at one spot, and which suddenly ceased, the patient exclaiming that he was quite well, but death supervened a few hours afterwards, and the post-mortem showed the cause to be perforation of the intestine caused by a bristle of a tooth brush, and which bristle was found sticking in the intestine.

A NEEDLE IN THE HEART.

"At a *post mortem* examination in a lunatic asylum in Saxony a needle was found sticking in the heart. It had passed through the posterior wall of the left ventricle. The patient, a man aged 25, had died of peritonitis; he had always felt well previous to his last illness, and never complained of any cardiac troubles. In what way the needle entered his heart remains unknown."

The above quoted from the *British Medical Journal* of 30th August, 1879, emboldens me to report the following case which occurred to me in my practice at South Kensington a few years ago, and the notes of which I came across a few days since. I should have reported it then, but, from its extraordinary nature and press of private practice as well, I did not do so. A. B., a young man of two or three and twenty, with an anxious,care-worn expression,a member of one of my clubs, consulted me for pains in the chest, and at times extreme difficulty of breathing. All remedies failed to give him relief; he consulted other medical men, and was an out patient at several hospitals without any beneficial result, and the only temporary alleviation of his sufferings that he ever obtained was by getting his friends to strike him violently with the clenched fist repeatedly between the shoulder blades, and he eventually died in great agony, his dying request being that I should open him. I did, and, to my great surprise, found a small stalk of the tobacco plant entangled in the chordæ tendiniæ of the tricuspid valve!! A friend of mine, a chemist (unfortunately since dead), and the man's father and brother were present at the post-mortem, but all my entreaties to be allowed to retain possession of the heart were of no avail, although I offered to pay his funeral expenses on that condition. They were Irish, and, had it not been an express promise on his death-bed, I should not have been allowed to make the post-mortem. As to how the twig of tobacco got there. beyond the fact of his having been employed in a tobacco manufactory, I cannot attempt to offer any explanation, but truly "there are more things in heaven and earth than are dreamt of in our philosophy, Horatio."

4 Cambridge Terrace,
Westbourne Park.
9th September, 1879.

BUSINESS.

A gentleman recently about to pay his doctor's bill said, "Well doctor, as my little boy gave the measles to all my neighbors' children, and as they were attended by you, I think you can afford, at the very least, to deduct ten per cent. from the amount of my bill for the increase of business we gave you."

Progress of Medical Science.

DEFIBRINATED BLOOD FOR RECTAL ALIMENTATION.

At a late meeting of the Therapeutical Society of New York, Dr. Andrew H. Smith, Chairman of the Committee on Restoratives, presented a report (*New York Medical Journal*, April, 1879) on this subject. From the facts before them the committee felt warranted in drawing the following conclusions:—

1. That defibrinated blood is admirably adapted for use for rectal alimentation.

2. That in doses of two to six ounces it is usually retained without any inconvenience, and is frequently so completely absorbed that very little trace of it can be discovered in the dejections.

3. That administered in this way once or twice a day, it produces in about one-third of the cases for the first few days more or less constipation of the bowels.

4. That in a small proportion of cases the constipation persists, and even becomes more decided the longer the enemata are continued.

5. That in a small percentage of cases irritability of the bowels attends its protracted use.

6. That it is a valuable aid to the stomach whenever the latter is inadequate to a complete nutrition of the system.

7. That its use is indicated in all cases not involving the large intestine, and requiring a tonic influence which cannot readily be obtained by remedies employed in the usual way.

8. That in favorable cases it is capable of giving an impulse to nutrition which is rarely if ever obtained from the employment of other remedies.

9. That its use is wholly unattended by danger.—*Am. Jour. Med. Sci.*

PHOSPHORUS IN THE TREATMENT OF CHRONIC ALCOHOLISM.

The *Journal d'Hygiene*, of February 21, 1878, contains an article on this subject, taken from the *Gazette Medicale Italienne*. Dr. d'Ancona, the author of the paper, remarks in the outset that this mode of treatment is not new, but he thinks it has not received the attention which it deserves. He justly states that the rapid increase of troubles, due to the excessive use of alcoholic liquors, and the great difficulty of treating such cases effectually, makes any remedy, which seems to render any service to such patients, worthy of careful study and investigation.

The etiology and symptomatology of chronic alcoholism are, alas, but too well known, and hence he deems it unnecessary to consider these points. He gives the details of five cases in which he has used phosphorus in the form of phosphide of zinc. We give a brief history of one of these cases. The treatment was commenced on the 20th of May, 1877, and continued without interruption till the 1st of October following. During this time, the patient took from one to ten centigrammes of the remedy a day. Eight grammes were taken in all. During the month of October, it was only given four days each week, in the dose of three centigrammes each day. There were no evil results produced; no loss of appetite, and no gastric disturbance; indeed, the general condition steadily improved.

He comes to the following conclusions at the end of his paper:

1. Phosphorus is a very useful remedy in the treatment of chronic alcoholism.

2. The medicine is perfectly tolerated in doses which no one has dared to give heretofore —ten centigrammes (nearly 1½ grains) a day for many weeks.

3. The remedy gives to drinkers a feeling of comfort and strength, and furnishes the force necessary to carry on their organic functions, which they have been accustomed to get from alcoholic liquors.

4. The medicine seems also to have the properties of a prophylactic and an antidote, for it causes very beneficial changes in the system, even when the use of liquor has not been entirely stopped.

Dr. d'Ancona then gives a theory as to its *modus operandi* in three cases, and, in conclusion, begs that a fair and impartial trial be given the medicine, and that the results be published.

THE MANAGEMENT OF ACUTE CATARRH OF THE MIDDLE EAR.

In the Louisville *Medical News*, Dr. W. Cheatham says, on this subject: Never put a poultice over an eye or an ear. It is sometimes excusable in diseases of the former organ after all hopes of vision are gone. They give relief at first, but usually leave the organs in a much worse condition than could have been expected from the primary trouble. They lead to the growth of polypi, and get the external auditory canal into such a soggy condition as to render the case almost, if not entirely, incurable. Many of you, no doubt, have seen earaches relieved by their application, but how many of you have also seen perforated drumheads that can never be healed, recurring polypi, occlusion of external auditory canal, deformity of auricle resulting from abscesses, and many other evils which could have been avoided by the proper treatment.

I place at the head of all treatment for acute inflammation of the middle ear local blood letting. One or several leeches should be applied to the tragus, leaving them there until they are filled; then the flow of blood should be encouraged for an hour or more, the number of leeches and the length of time of the after-bleeding to be controlled by the condition and age of the patient and the severity of the case. When it is impossible to get the leeches, wet cupping over the mastoid region is desirable. Next in efficacy to local depletion comes water as warm as can be borne, by means of a douche (not a syringe), or any other arrangement by which a steady flow of it into the aching organ may be acquired. A quart or more to be used in this manner, to be repeated every half hour or hour until relief is given.

If these remedies fail, do not try anodynes yet. They only mask the symptoms. If the drumhead is bulging, perform paracentesis. The operation is a very easy one. Any one capable of seeing a drumhead should be able to do it. Under good illumination pass the knife or needle used along the floor of the canal and just posterior to the handle of the malleus; in the infero-posterior quadrant of the membrane make your puncture. Sometimes pus will escape, other times blood or serum. After the puncture is made cause the patient to perform valsalva, or inflate with Politzer's bag, and blow out any fluid which may be retained there. Where there is any doubt in your mind as to the propriety of the operation because the case is not clear to you, give the patient the benefit of the doubt. With ordinary care you cannot possibly do harm, whereas by neglect irreparable injury may be done. Holes in drumheads made by knife or needle soon heal, very often before you wish; they are usually difficult to keep open.

After free vent is given the discharge anodynes may be used. Give them for their effect and not by the dose. Quiet the pain; give rest. This subject of rest was discussed very thoroughly in the last meeting of the New York County Medical Society. Drs. Agnew, Knapp, Roosa and others agreeing on the importance

of it, but not in the position of the patient during the rest. Give patient his or her choice; leave it to them entirely. Should the paracentesis close, repeat it as often as necessary. I have seen it done six or eight times in one ear with excellent result.

In all ear troubles, and especially in the one of which I am speaking, strict attention should be paid to the general condition of the patient. The skin should be kept active as far as possible to guard against cold. An hour's cold will undo many months' treatment.

ACUTE MENINGITIS TREATED BY DOSES OF IODIDE OF POTASSIUM.

M. Rodet records in the *Lyon Médicale*, 1878, No. 52, the case of a young girl, aged 19, suffering from very acute meningitis (fever, vomiting, delirium, sleeplessness, outcries, dilated pupils). The treatment was by antispasmodics and sedatives. At the end of two days her state was aggravated with loss of consciousness, obstinate constipation, and monoplegia of the right upper limb. Death seemed imminent. The use of antispasmodics was continued, and there was further prescribed a flying blister to the nape of the neck, and three grammes of iodide of potassium (equal to forty-six grains and a half), in twenty-four hours. The next morning there was a slight amelioration, especially in the intellectual condition; the same state of paralysis. A purgative enema produced abundant evacuation. The improvement made sensible progress; the paralysis began to diminish on the third day of the employment of the iodide of potassium; on the eighth day it had completely disappeared, and the patient was convalescent. The treatment was continued. The iodide was carried on the first day to as high a dose as four grammes, on the third day to five grammes, and continued at that dose up to the eighth day, and then progressively diminished. This case deserves attention in respect to the successful treatment of so severe an affection as acute meningitis. M. Rodet follows his report by mentioning a certain number of cases cured by iodide of potassium, and cites the opinion of Fonssagrives. He lays great stress on the largeness of the dose of iodide of potassium.—*Brit. Med. Jour.*

TREATMENT OF EPILEPSY.

Dr. A. Hughes Bennett, Physician to the Hospital for Epilepsy and Paralysis, Regent's Park, records (*British Med. Journal*, June 7, 1879) an analysis of the results of treatment of one hundred cases of epilepsy by the bromide of potassium or ammonium. The following he finds a convenient and efficaceous prescription: ℞. Potassii bromidi gr. xx; ammonii bromidi gr. x; spiritus ammon. aromat. ʒss; aquam ad ℥j. Fiat haustus ter in die sumendus.

The first dose was taken before getting out of bed in the morning, the second in the middle of the day on an empty stomach, and the third the last thing at night. If, in the course of a fortnight, the attacks continue, the dose was increased week by week, till there was some obvious modification in their severity or frequency; and this has been, if required, gradually increased to from sixty to ninety grains, three times a day. In the event of the first or any subsequent dose proving efficaceous in warding off the seizures, it was continued for about a couple of months; that is, assuming no really dangerous signs of poisoning presented themselves. The fact of the bromide rash or moderate constitutional weakness being developed was found of no great importance, if the attacks were in abeyance. At the end of from two to three months, according to circumstances, the dose was gradually diminished, till the smallest possible amount necessary to materially modify the paroxysms was found; and this, when ascertained, was, the health remaining good, continued for many months.

Of the hundred cases treated in this way, it may be stated in general terms that, with only one or two exceptions, the bromides have had the effect of materially modifying the frequency and severity of the epileptic seizures. At the same time, opportunity was not afforded in all of these to test the efficacy of the treatment for a sufficient length of time.

Not only do the bromides materially modify the frequency of epileptic attacks, but they often diminish the severity of those which occur. They also improve in many respects the general health, and persons who suffered from headache, nervousness, and other ailments, are often greatly relieved in these respects.

The administration of the drugs may arrest the seizures for many months, and the moment they are discontinued the attacks at once return, indicating that it is these agents which keep the paroxysms in abeyance, and that their action is not permanent.

What effects has a prolonged use of the bromides on the general health? Of the forty cases, which for a period of at least six months were continuously under the influence of these drugs, the following gives a general idea of the result:

In 62.5 per cent. of cases, the prolonged use of the bromides, sufficient to ward off or greatly modify the epileptic attacks, did not produce any physiological effects, or in any way influence the general health. In 35 per cent., some symptoms of bromism were produced; namely, in 25 per cent., there were weakness and languor of body, loss of appetite, and the

usual physical symptoms; in 20 per cent., there were depression of the mental faculties into dulness, apathy, tendency to sleep, and so on; and in 15 per cent., there were well-marked signs of the bromide rash. One patient died while taking large doses, but whether as a result of the remedy or of the disease it is very difficult to determine. As a rule, however, the symptoms of bromism were slight, and their effects very temporary, and rapidly disappeared on discontinuing the drug for a time.

It may be said in conclusion that, in the bromide of potassium, we possess a valuable agent for suppressing the most dangerous symptoms of one of the most terrible maladies to which human flesh is heir, and further experience may enable us, through its influence, to effect a complete cure of the disease itself.

CHRONIC SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR.

A Lecture Delivered at the Manhattan Eye and Ear Hospital, in the City of New York. By O. D. Pomeroy, M.D.

(Reported for The N. Y. Medical Record.)

Part I.

CHRONIC SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR — ETIOLOGY — COLD—EXANTHEMATA — AND OTHER FEVERS—EXCESSIVE INFLATION OF THE TYMPANUM — ROUGH HANDLING OF THE EAR — IMPACTED CERUMEN — INJECTIONS INTO THE TYMPANUM — NASAL DOUCHE — ACUTE PHARYNGITIS — PNEUMONIA —MODE OF INVASION—OTORRHŒA A MISNOMER —APPEARANCES UPON INSPECTION—CHARACTER AND QUANTITY OF THE DISCHARGE—APPEARANCE OF THE DRUM-MEMBRANE — PECULIAR PULSATION.

Gentlemen:—At our last meeting I spoke with reference to acute inflammation of the tympanum. There are a few points yet to be disposed of, but as I wish this evening to develop as thoroughly as possible the subject of chronic purulent inflammation of the tympanum, I will at once pass to the consideration of the causes of this affection.

ETIOLOGY.

In general terms, it may be stated that the causes of chronic suppurative inflammation of the tympanum are almost identical with those of acute inflammation of the tympanum. I will *first* speak of the effect produced by *cold, on the ear*, either directly or indirectly.

a. After taking cold there are a great variety of symptoms. The patient may have rheumatism, or fever, or pneumonia, or sore throat, etc. A sore throat is a very common result of taking cold. Sore throat will not produce otitis necessarily. Anyone with inflammation of the upper pharyngeal space is *liable* to an attack of otitis, the inflammation travelling up the Eustachian tube, and involving the tympanum.

b. A draught of air upon the head or upon the ear. Under these circumstances the inflammation involves the tympanum by means of the meatus auditorius externus. Direct exposure of the ear to draughts of cold air, such as arise from sitting by an open window, or more especially in a railway car near an open window, listening at a key-hole, etc. It is well known that conjunctivitis is sometimes dependent upon a draught of cold air coming in immediate contact with the eye from the patient's looking through a key-hole. In the same manner inflammation of the ear may be produced by exposure to a draught of cold air while listening at a key-hole.

c. Cold water in the ear from bathing. This may operate as a cause in producing inflammation of the ear in a twofold manner. There is *first* the effect produced by the application of cold to the ear, and *second* the violence inflicted. For example, when a person dives, the concussion of the water upon the drum-membrane may inflict sufficient violence to cause its rupture. Or in surf bathing a breaker may strike the ear violently. In such a case we have the double influence of cold and violence in the production of inflammation. Water may also pass up the Eustachian tubes from being taken into the mouth in considerable quantity, which the patient often swallows.

Second.—The exanthemata and other fevers. The worst cases of otitis media, produced by the exanthematous fevers, occur in connection with *scarlet fever*, and in nearly every instance the ear trouble depends upon the sore throat which accompanies the disease. This form of otitis is frequently of a very grave nature. It is very likely to destroy a considerable portion of the drum-membrane, the ossicles may be removed by ulceration, and in other ways extensive damage may be done to the ear. Occasionally in scarlet fever the inflammation travels from the skin down the external meatus, and involves the ear from that direction; but these cases are quite infrequent.

In *measles*, as you all know, there is a disposition to the development of catarrhal inflammation of mucous membranes. Catarrhal conjunctivitis and naso-pharyngeal catarrh, often dependent on this disease, and the pharyngeal catarrh may travel up the Eustachian tube and produce otitis media in the same manner as in the sore throat associated with scarlet fever. The eruption of measles may also extend down the external auditory canal, and involve the tympanum externally.

The same observations may be made with reference to *typhus, typhoid*, and other fevers, but

as a rule the inflammation which is to produce otitis media is first developed in the throat. In *small-pox* the tympanum is somewhat more likely to become involved by way of the external auditory canal than in the exanthematous fevers.

Third.—Violence inflicted upon the meatus or upon the tympanic cavity.

a. Excessive inflation of the tympanum, which may even rupture the drum membrane. This is a somewhat infrequent cause. You have, however, frequently had opportunities to see how the drum membrane is reddened by inflation of the tympanic cavity. You have seen, as an occasional result of inflation, pain in the ear produted simply by the violence with which the air has been forced into the tympanum. Since Politzer's method came into use inflation of the tympanum has been somewhat overdone. I feel sure, if it does not excite inflammation, it is likely to stretch the drum membrane in such a manner as to cause it to lose its normal elasticity. Occasionally we see a drum membrane, in an ear that has been inflated excessively, which flaps to and fro like a loosely fastened sail. Rupture of the membrane, produced by excessive inflation, is not a serious accident, because the tendency existing in the membrane to heal is so strong that it is scarcely possible to prevent it from closing again directly.

b. Any rough handling of the ear, such as may result from improper efforts at removal of cerumen or foreign bodies. I have previously said considerable to you regarding the damage liable to be done by resorting to other means than the syringe in removing cerumen and foreign bodies from the ear.

Some of you have observed that when a given drum membrane is first examined, it may not be reddened, but after three or four examinations have been made, it has been discovered that a good degree of hyperæmia has been developed. This has been brought about directly by violence inflicted in the management of the speculum, and otherwise handling the ear roughly. If you ever have had your own ears examined, you doubtless recollect how sensitive an organ the ear is, and how easily irritation sufficient to throw it into a state of pain and inflammation may be produced.

c. The presence of *impacted cerumen.* In a report which I made several years since of a number of cases of impacted cerumen, I directed attention to the fact that inflammation of the middle ear was caused not very infrequently by the presence of a plug of cerumen in the external auditory canal. The plug acts as a foreign body. The manner in which the violence is inflicted may be as follows: whenever the jaw moves the condyle presses against the meatus, and for the time being narrows its calibre. If, therefore, the canal is filled, or perhaps only partly filled, with hard cerumen, any pressure will inflict violence upon the wall of the external auditory canal, on account of the presence of the hardened cerumen.

4. *Injections into the Tympanum.*

a. Accidental injections from the use of the nasal douche afford us an example under this head: whether the water is hot or cold, properly salted or not, and I was almost ready to say, whether properly injected or not, we are liable to have trouble. Certain it is that many of us here have caused acute inflammation of the tympanum by the use of the *nasal douche*, and we have probably used it in a reasonably careful manner. It is not always possible to prevent the patient from swallowing while the nasal douche is being used, and if he does swallow he is liable to have water thrown into the tympanum. Water introduced in that manner does not necessarily excite inflammation. Nothing can be more bland than quite warm water, containing not more than a drachm of salt to the pint, yet occasionally it will produce acute inflammation of the middle ear of considerable violence. Not long since I had a patient from the country, who said that the physicians in his village were using the nasal douche extensively in the treatment of catarrh, and it was pretty generally known among the people that those upon whom it was used were frequently deafer than prior to the commencement of treatment. I use it much less frequently than formerly, and I suspect its general use is being abandoned.

b. Any injection used to relieve a catarrhal condition of the Eustachian tube and middle ear may, when not desired, pass into the tympanum. This has happened with the Eustachian catheter, and with my faucial catheter, and it is sometimes quite unavoidable. It is a very good rule to use such a small quantity of the solution, whatever it may be, that it is impossible to reach the tympanum in injecting it. I think I have the same prejudice against injecting the tympanic cavity that has been entertained with regard to injecting the cavity of the uterus. If the drum membrane is perforated, there may be no objection to injecting the tympanum, nay, it may be strongly recommended.

Fourth.—Any inflammation of the pharynx whatsoever is liable to travel up the Eustachian tubes, and thus give rise to inflammation of the middle ear.

Acute pharyngitis may be developed in a healthy person in consequence of exposure. It is especially liable to be developed in one who suffers from chronic naso-pharyngeal catarrh. As you are all aware, the tuberculous condition gives rise to sore-throat, and it is somewhat analogous to that condition which gives rise to chronic catarrh in general. In these cases the destruction of drum membrane is apt to be ex-extensive.

Inflammation of the tympanum is sometimes developed in the course of a *pneumonia* In this condition it depends upon the air being thrown violently into the cavity of a tympanum through the Eustachian tubes during the rapid respiration incident to the lung trouble.

MODE OF INVASION.

The mode of invasion of this affection is as follows: it begins where the acute inflammation ends. The tendency of acute inflammation of the tympanum is toward self-limitation and recovery. There is frequently a tendency to resolution. Thus, if there is a formation of mucopus or pus in the tympanum, it does not necessarily follow that rupture of the drum membrane will occur. The membrane may be ruptured and heal again directly. If the rupture is small, or is of the form of a fissure, it is likely to heal at once. If it is large, and there is a considerable loss of tissue, it is not as likely to heal. The rapidity with which these ruptures heal, or whether they heal at all, is determined very largely by the condition of the patient. If he is in good general health, if there exists a strong tendency to tissue repair, he will recover from his acute attack completely; but if not, it will pass into the chronic suppurative form. In cases where the perforation is large, the entrance of atmospheric air from the meatus into the cavity of the tympanum has a tendency to perpetuate the disease. The function of the drum membrane is not too well understood, but one part, at least, is appreciated, namely, it protects the sensitive parts of the tympanic cavity from the influence of irritating agents which might enter through the external meatus. The delicate membrane lining the tympanum does not bear well the irritation incident to sudden changes in temperature of the atmosphere, and one of the functions of the drum membrane is to protect it from that source of irritation.

This affection is frequently called *otorrhœa*, and was spoken of by the older writers under that head. This is a misnomer, and should be abolished from the nomenclature of diseases of the ear. The otorrhœa is simply a symptom. There is always a discharge in this disease, although the patient will frequently deny its existence. There may be a discharge so small in quantity as not to be appreciated by the patient hence you should not regard his statement, but should examine the ears carefully. The discharge may be very slight and so glued to the drum membrane that you may be in doubt whether you are looking at the drum membrane or at the discharge covering it, as the latter may so nearly simulate the color of the membrane itself. If the discharge is large in quantity, you are not *sure* that it comes from the tympanic cavity, but in a large number of instances an excessive discharge comes in part, at least, from the cavity of the tympanum.

APPEARANCES UPON INSPECTION.

There is a profuse ropy mucous discharge. It may be purulent; it may be serous; it may be sanguinolent. Sometimes it will be flocculent, more especially if the patient has granulations or polypi, and probably depends upon the presence of epidermic scales and detached epithelium. The discharge is occasionally of a cheesy consistence, and then it is likely to become more or less agglutinated to the drum membrane, and requires to be wiped away with absorbent cotton after having been previously syringed. I think you will have observed that but few men in the institution are capable of cleansing an ear as thoroughly and neatly as it should be done. For diagnostic purposes it is of the greatest possible importance to cleanse the ear very carefully. I advise you to do this under sight aided by the forehead-mirror. Often if the discharge is not all removed, or a few epidermic scales are left, you will be prevented from making an exact examination of the part. When the ear has been properly prepared for examination you will find the membrane more or less reddened, always opaque, grayish in color, dermoid layer mostly or wholly removed by inflammation and maceration. If you will carefully remove the dermoid layer which has not been entirely detached, you will find beneath it a reddened surface which may be dependent, perhaps, partly upon the violence with which you have conducted your manipulations, but principally on the presence of a passive inflammation of the membrane. If the perforation is large, so that you can see the inner wall of the tympanum, it will almost always be found to be red, swollen and puffy, and will bleed easily. The opposite condition may be present; it will then be pale relaxed, swollen but little, and accompanied by a thin serous discharge. The latter are rather, bad cases to manage. The rupture in the drum membrane may be single, or there may be several openings. The perforation may be located before or behind the handle of the malleus, perhaps most frequently below the centre of the drum membrane. The membrane may be completely removed. Frequently we see the kidney shaped perforation with the handle of the malleus extending into the hilus of this opening.

Another point to which I wish to direct your attention, is the sickle-shaped edge of the drum membrane remaining. Supposing you are inspecting a reddened surface, and you are in doubt as to whether it is the drum membrane or the inner wall of the tympanum; you will look for a perforation, and by and by you will find a whitish sickle-shaped body at the periphery of the field. That is what remains of the drum membrane, and will enable you to make the diagnosis of perforation with little or no trouble.

In some cases you will see a pulsation in the ear in the vicinity of the drum membrane; this

is well-nigh diagnostic of perforation, and in probably not more than one in fifty cases will you be wrong. If perforation is not present the drum membrane is very thin. The symptom is explained in this manner: The vessels are very much swollen and the pulsation becomes visible by virtue of the excessively thin covering of membrane lying upon them.

It is worthy of remark that a small portion of the drum membrane almost always remains, and is the part above and about the short process of the malleus.

The ossicles are unfrequently removed. If any are absent it is likely to be the malleus, although the manubrium alone may be lost by necrosis. The stapes is the last bone to be removed, and its absence is rarely observed. You may be able to demonstrate the presence of the stapes by means of a probe which touches an immoveable bony elevation in the region of the oval window. Occasionally it can be seen as a rounded elevation, slightly above and behind the termination of the handle of the malleus; in other words exactly opposite the termination of the long shank of the incus. It is quite generally believed that destruction of the drum membrane and loss of the ossicles produces profound deafness, but I would state here that the drum membrane may be all swept away and the ossicles removed, certainly the malleus and the incus, without greatly impairing the hearing.

ADVANCES IN PHARMACY.

By Wm. H. Taylor, M. D., Richmond, Va., Reporter to the State Medical Society.

In reviewing the progress of pharmacy during the past year, while we fail to perceive that any discovery or suggestion especially striking has been involved, still we find the workers in this department have exhibited their usual activity, and that our knowledge has been in a good degree thereby advanced. In the present report it is neither necessary nor admissable to aim at anything like a complete notice of what has been accomplished. Our object shall be rather to collocate such matters as are of interest to medical men, or such as are likely to concern those who practice pharmacy.

In accordance with this plan we submit the following, which appears to us to comprise matters worthy of attention:

Dilute Phosphoric Acid.—It has for some time been noticed that certain samples of dilute phosphoric acid are prone to give a precipitate when added to tincture of chloride of iron. This combination being a favorite one with physicians, so much annoyance has been occasioned to pharmacists in their efforts to form a clear mixture that a good deal of study has been bestowed in the endeavor to determine the conditions of the precipitation. Mr. Louis Dohme and Prof. J. P. Remington especially have examined the matter. These gentlemen show that the trouble arises from the use of acid made with glacial phosphoric acid incompletely converted into the tribasic form. This contains pyro-phosphoric acid and precipitates pyrophosphate of iron. The presence of a soda salt prevents the ready and complete conversion of the glacial into the tribasic acid, and Mr. Dohme finds from 14 to 15 per cent. of soda in the commercial article, and Prof. Remington finds in the handsomest specimen which he tested 27.43 per cent. soda. The latter gentleman learns that soda is added by manufacturers in order to make the product into a neat-looking, glassy solid, the pure acid being soft and glutinous. Dr. W. H. Pile, commenting on the processes of the U. S. Pharmacopœia for preparing dilute phosphoric acid, concludes that the second process (that in which the glacial acid is directed) should, for the foregoing reasons, be rejected; the first process (that in which phosphorus is directed), however, being, in his opinion, exceedingly annoying as well as dangerous to perform (from which opinion some other operators dissent), he recommends the method of Prof. Markoe, in which bromine is used with the nitric acid—and this, too, notwithstanding he was himself blown up in one of his earlier attempts at it. This method is generally considered to be safe, if properly managed, but slow. The surmise of Prof. Maisch, that the acid made by it might be contaminated with phosphate of ammonium, has been shown to be correct, though the quantity formed is very insignificant. All the investigations point to the conclusion that, for making dilute phosphoric acid, only the acid made from phosphorus should be employed. Mr. Dohme, moreover, calls attention to the existence of arsenic as an impurity in phosphorus. He has obtained 14 grains of sulphide of arsenic (equal to 11¼ grains of white arsenic) from 360 grains of phosphorus—the quantity used to make 20 fluid ounces of dilute phosphoric acid. He considers it requisite to pass sulphuretted hydrogen through the acid to saturation, to let it stand twenty-four hours, filter from sulphide of arsenic, and, having expelled the sulphuretted hydrogen by heat, to finally dilute to the proper specific gravity. He also thinks that the failure to produce a precipitate with tincture of chloride of iron should be named in the Pharmacopœia as one of the tests of the dilute acid.

Preservation of Infusions, etc.—Aug. Almen, by making use of the power of cotton to filter ferment-germs from air, has succeeded in preserving infusions, decoctions, syrups, etc., unchanged for many months. His method is to fill a bottle with the liquid to a point a little above the commencement of the neck and insert

a cork, through which passes a very narrow glass tube about two inches long and loosely packed with cotton. The bottle and contents thus arranged are kept for some time in a water-bath at the boiling temperature. In this way the original air is expelled from the bottle, which is allowed to cool in the bath, and the air thus slowly re-entering is purified by passing through the cotton. To permit the occasional withdrawal of portions of the contents without the introduction of unfiltered air, a siphon reaching nearly to the bottom of the bottle is passed through the cork, its outer end being closed by a piece of India rubber tube and clamp.

Preservation of Hypodermic Solutions of the Alkaloids.—M. Patrouillard, of Eure (France), proposes to use the distilled water of *spiræa ulmaria* (queen of the meadow) for making hypodermic solutions of the alkaloids. Solutions thus made, he finds, have no disposition to mouldiness, and, unlike solutions in which glycerine is employed as a preservative, are not apt to give rise to local irritation.

Rectified Spirit in place of Brandy and Whisky.—Dr. Adolph W. Miller makes a strong appeal in behalf of rectified spirit as a substitute for the expensive brandies and whiskies so generally prescribed. He bases his appeal on the ground of purity and economy, and observes that it has not been shown that the latter are therapeutically superior, or that their physiological action presents tangible points of difference. He considers it probable that when the system requires alcohol, it is as well satisfied with its cheap as with its expensive vehicles. Raw corn whisky, he thinks, is strictly pure, notwithstanding the populace is wont to belittle it by the bestowal of such opprobrious epithets as "Jersey lightning," "popskull," "bust-head," etc. Looking upon the difference in liquors as probably one of flavor simply, he does not esteem it judicious to use those of costly flavors, especially when we consider the possible sources whence these flavors may be derived, among which he mentions creasote, tar, tincture of Russia leather, artificial benzoic acid (obtained from the drainage of stables), cocoanut oil (having the odor of negro perspiration), and butyric acid and ether (procured by aid of decaying cheese and putrefying meat). Dr. Miller further calls attention to the fact that it is probably impossible to obtain in this country the officinal wines in a state of purity, and suggests in their stead the white and red wines of the Rhine, officinal in Germany.

Senna extracted by alcohol.—C. Lewis Diehl, of Louisville, and L. Siebold, of England, have independently recommended senna extracted by alcohol (which is already in use on the continent of Europe) as a purgative in place of the crude drug. Senna thus treated loses little, if any, of its efficacy, while it becomes almost entirely deprived of its nauseous taste and odor, and of its griping qualities. Its active principle, cathartic acid, is in union with calcium or magnesium, forming compounds soluble in water, but insoluble in alcohol, and hence is not removed by this treatment. Mr. Groves, remarking on Mr. Siebold's statements, observed that he had prepared the pure cathartates themselves, and used them on himself and others; but, said he, "they are a nasty, griping purgative," of a character which precludes them from becoming favorites with the profession.

Preservation of Mucilage of Gum Arabic.—It is stated by Archer & Co., of Norfolk, Va., that mucilage of gum arabic may be preserved for a long time, if made with tolu water (prepared by triturating ʒ ij of tincture of tolu with ʒ iv of carbonate of magnesium, then with Oij of water and filtering). The slight odor and taste of tolu is considered to be unobjectionable, and the mucilage thus made is admissible for most of the purposes for which it is employed.

Antiseptic Properties of Hydrate of Chloral.—Mr. T. Roberts Baker, of Richmond, Va., with the co-operation of Dr. Isaiah H. White, late Demonstrator of Anatomy in the Medical College of Virginia, has made experiments in reference to the asserted antiseptic properties of hydrate of chloral. He concludes that this agent possesses powerful antiseptic properties, that it may be successfully used for the preservation of anatomical preparations, and that comparatively weak solutions will afford the most satisfactory results.

LECTURE.

Syphilitic Sore Throat.

A Lecture Delivered at Jefferson Medical College.

By J. SOLIS COHEN, M.D.,

Lecturer on Laryngoscopy in the College and on Clinical Medicine in the Hospital.

By the expression syphilitic sore throat, reference is usually had to a secondary or tertiary manifestation of the disease, although it occurs occasionally as a primary affection. We find chancres on the lips, the tongue, the cheeks, the palate, the tonsils, occasionally on the posterior wall of the pharynx; and in one instance at least, a chancre has been reported as detected on the lingual surface of the epiglottis.

In some cases the disease has been inherited, but it is very often inoculated. This inoculation may even take place through the medium of a kiss or a bite, etc. I remember one case in particular, that of a female opera singer, who had an enemy in the troupe. This enemy was

affected with syphilis and had her revenge in kissing my patient upon her lip, which was chapped, and thus gave her the disease, and she died sometime afterwards from cerebral syphilis and paralysis.

Occasionally the disease is communicated by the use of spoons or tumblers which have been touched to syphilitic sores on the lips, or in the mouth. Now and then we hear of a case of inoculation in the process of glass blowing; for if one of the glass blowers happens to have a syphilitic sore on his lips, the disease may very readily be carried by the mouthpiece to another workman who happens to have a fissure on one of his lips. In the same way the disease may be transmitted through the medium of a tobacco pipe. I have heard of cases in which it was carried from person to person through the medium of a cigar. Some cigarmakers, in fastening the end of the leaf, are accustomed to moisten it with saliva. Now, if one of these individuals has syphilitic sore in his mouth, it is very easy to see how the poison might be conveyed. In still other cases, infection has been accomplished through the medium of the mouthpiece of a trumpet. I have seen cases where the same result was accomplished by the incautious use of the Eustachian catheter. The passage of this instrument is very likely to produce an abrasion, even though none exists already; and if the catheter employed has been previously passed into the Eustachian tube of a syphilitic patient, it is exceedingly likely to carry off some of the poison on its surface. It is for this reason that you should all be very careful in the promiscuous employment of such instruments, or rather, if possible, you should never use an instrument which has touched a syphilitic surface a second time. If you cannot afford to buy new instruments, you should, at least, thoroughly clean the old ones, and then dip them in alcohol and then burn off the alcohol, or else immerse them in a ten per cent. solution of carbolic acid and allow them to remain immersed for several hours.

In using the larnygoscopic mirror you have to heat it before introducing it, as you know. Now, some teachers tell you to test the heat of the glass on your cheek, but I say, never touch it to the cheek, for you might thus inoculate yourself with specific disease if your patient happened to have a sore on any of the mucous surfaces of the mouth, and there happened to be the merest scratch on your own cheek. If you are obliged to test its warmth, do so on the back of your hand, or at least be careful to touch the mirror to some unabraded surface.

The distinction between secondary and tertiary sore throat of syphilitic origin is not so well made out as is the distinction between the same stages of the disease as they affect other parts of the body. However, you may accept this statement as valuable in point of diagnosis. *If the sore throat appears a few weeks or a few months after infection it is of secondary grade, if not for several years, it is tertiary.* The element of time is of great importance, since the characteristic appearances of secondary and tertiary syphilitic sore throat are much alike.

I do not think that I know of anything which more resembles the appearance of a syphilitic disease in the throat, than that of an eruption on the skin which has been poulticed, *i. e.*, the manifestations of the disease in the throat are very similar to its appearances elsewhere, the difference of moisture and character of epithelium being taken into consideration.

We know that the throat is often affected with syphilitic disease, but we do not know why it is so affected. Infants as well as adults are affected with syphilitic sore throat. The throat has great proclivity to disease of various kinds. It is greatly exposed to vicissitudes of atmosphere, being continuously used in breathing, and at very frequent intervals, in swallowing. If there is no special reason for the origin of syphilitic sore throat, we, at least, say that the conditions which cause catarrh to settle in the throat locate syphilis there also.

Coming to a consideration of the symptoms of secondary syphilitic sore throat, we find that it first manifests itself by an erythematous congestion of the parts; a hyperæmia, usually most plainly marked on the soft palate. This does not differ in the least from the erythema of scarlet fever, except that the history is likely to be different, and that there is usually an attendant skin eruption in syphilis. There is no distinct line of demarcation to this syphilitic erythema, but it fades off imperceptibly into the healthy tissues around it.

One peculiarity this eruption of erythema does, however, possess, and that is a symmetrical appearance of the parts. The inflammation is not only bilateral, *i. e.*, not only involves both sides of the soft palate, but the separate patches are much of the same shape, the inflammation is not a diffuse inflammation. The reason of this is entirely anatomical. This virus of the disease is of course carried along in the blood current, and, therefore, lodges at parts of the palate where arteries ramify, and the ramification of these arteries is the same on both sides of the palate. This symmetry of the inflammatory action will very often clear up any doubt which we may entertain with regard to the nature of the case.

The inflammation, as I have just said, begins on the palate, and then it goes down on the anterior palatine folds, or, less frequently extends along the hard palate. Occasionally the disease starts on the posterior part of the palate, and so we have no evidence of its existence, unless we make a rhinoscopic examination. To do this you must pass a small looking glass (laryngoscopic or rhinoscopic mirror) behind the

palate and thus illuminate its posterior surface. This is one of the reasons why syphilitic sore throat may progress with such seeming rapidity in some cases. It begins posteriorly in the palate and so escapes notice entirely, until it is under very great headway.

After the erythema has existed for a longer, or shorter time, elevations appear at some points over the diseased surface. This is due to the glands of the mucous membrane being pushed forward, and the epithelium on the mucous membranes external surface. This gives rise to the so-called "mucous patch," similar to the appearance caused by the application of nitrate of silver to the mucous membrane. This tumefaction is not always present, particularly if the epithelial cells are not distended with serum.

The "mucous patch" is very much like the so-called "milky patches of smokers." If you pull the cheek of an inveterate smoker to one side and examine the inside of it carefully, you will find an opalescence on the mucous membrane, which is produced by the smoke. If, therefore, in examining a case, you see a "patch" where it might be produced by smoke, you ought to be very slow in making your diagnosis.

After a while the tumefied points on the mucous membrane give way, and becoming disorganized, form ulcers. You will very often, at this stage, find an ulcer at the root of the uvula. The patient loses control of the muscles of the palate owing to the infiltration of products between the bundles of fibres of the muscles. The voice acquires a peculiar tone—due to excess of air passing out through the nose—so that there is a nasal twang about it, as is the case when the palate is insufficient, or when its muscles are paralyzed.

Secondary syphilitic sore throat is very rarely located upon the pharyngeal mucous membrane. It may, however, affect the root of the tongue and the interior of the larynx. The syphilitic sore throat thus becomes a syphilitic laryngitis, and this is characterized by the same signs as an ordinary laryngitis, and has no peculiar symptoms. In such a case the history and the presence or absence of skin eruption is all we have to guide us.

Tertiary syphilitic sore throat usually appears some years after the primary affection, or else the sore throat incurred may run from the secondary into a tertiary stage. In such an instance as this we should have a mixture of secondary and tertiary manifestations. Tertiary syphilis rarely appears before the third year from the date of primary inoculation.

The tertiary form of syphilitic sore throat almost always manifests itself by gummatous deposits—syphilomata—masses of material of a regular ovoidal form, varying in size from that of a pin-head to that of a large pea. This mass finally works itself up to the surface and ulcerates through it. The ulcer thus produced is the characteristic syphilitic ulcer, excavated or gnawed in appearance, of crescentric form and with sharp edges.

This grade of the disease also, as well as the secondary, starts up occasionally on the posterior part of the palate, and if it is not discovered and treated promptly, it may perforate the palate in from twenty-four to forty-eight hours. It occasionally requires the greatest amount of care to prevent perforation. This syphilitic ulcer has a tendency to extend either superficially or down into the deep fascia.

There are usually the same symptoms in tertiary as in secondary syphilitic sore throat, except that the tertiary variety is more apt to be unilateral. It sometimes follows a peculiar course and may proceed at once from the palate to the larynx, and destroy the epiglottis. The epiglottis may be destroyed without interfering with deglutition to any very great extent, for the stump which remains by the contraction of its muscles may form a sort of sphincter and so prevent the food from passing down the wind-pipe. Or, on the other hand, the disease may pass up into the posterior nares, and thence to the conjunctival membrane, and finally enter either the frontal or maxillary sinus and eat away submucous tissue, periosteum and bone itself. Again, it may affect the sphenoid and ethmoid cells and bring on meningitis or cerebritis. Or, still again it may commence in the pharynx, run up the Eustachian tube to the tympanum and so reach the brain. An abscess may form and discharge in the tympanum. There are instances upon record in which the disease has even gotten as far as the spine, producing caries and necrosis of the vertebræ and paralysis of the upper limbs.

Any and every part of the larynx may be affected. The mucous membrane, the submucous tissue, the nerves, the blood vessels, the chondrium, and the perichondrium. Sometimes the cartilages are affected primarily and undergo inflammation and suppuration, when abscesses are formed and break, either through the mucous membrane and so into the wind-pipe, or through the skin externally.

When the arytenoid cartilage is attacked it is often destroyed and discharged, leaving a sort of pocket behind. In like manner the cricoid cartilage may be surrounded and discharged. During the exfoliation of this cartilage, if the sequestrum is thrown out underneath the vocal cords, it is of course a foreign body and subjects the patient to all the dangers attending the presence of a foreign body below the glottis.

Again, tertiary syphilitic sore throat may reveal itself in œdema of the submucous tissues, producing difficulty of breathing if internal, and difficulty of swallowing if external, or the disease may affect the trachea and bring

on suffocation, by causing exfoliation of some of the rings.

There is still another condition when the infiltration occurs in the interior of the larynx and encroaches upon its calibre, producing stenosis, which may be permanent, thus necessitating the performance of tracheotomy, and the use of a tube for the rest of the patient's life.

A perforating ulcer may detach part of the uvula, or soft palate, and the two detached portions of flesh may meet and unite permanently, or there may be adherence of a detached piece of the palatine fascia to the tongue, thus causing stenosis of the pharynx; or the palate may be entirely glued to the pharynx, so that the patient is unable to breathe or blow through his nose, while his voice has a non-resonant or dead-like sound. When there is an adhesion between the palatine arches and the tongue, the diet must necessarily be confined entirely to fluids.

When we come to a consideration of the syphilitic sore throat of infants, we find it hard to discover how much of the condition is hereditary and how much due to primary infection.

As a general thing the disease is hereditary in infants, though they are sometimes infected by the syphilitic secretions of the vagina. Congenital syphilitic coryza is undoubtedly due occasionally to contact with syphilitic sores during delivery. Some authorities hold that the disease, when acquired by heredity, is always ushered in by running of a serous, purulent, and finally of sanguineous matters from the nose, which matters finally become dry and prevent the child from sucking at the breast, and render it cross and fretful.

It is a well-known fact that the disease may be contracted from syphilitic sores on the breast of a wet-nurse, while some hold that the milk of a syphilitic nurse is capable of carrying infection into the system of the baby.

The initial lesion in the infant is generally, as in the adult, a mucous patch, which may be found in the throat, or in the nasal passages, or the angles of the mouth. This mucous patch may leave behind it an indelible cicatrix. It was Trousseau who first explained the origin of these cicatrices as found in the adult at the angles of the mouth and nose.

Speaking of cicatrices, I ought to call your attention to the peculiar cicatrices which syphilitic disease in the throat leaves behind it. These cicatrices are very characteristic and are often valuable indices, when discovered in the course of laryngoscopic examination, of the existence of constitutional venereal disease. These cicatrices are stellate in shape and bluish in color when new, gradually shading into white with age.

In one case I found these stellate cicatrices in the palate as results of an injury sustained from a pipe stem being driven against the palate and wounding it.

Scrofulous sore throat is generally hereditary. Perhaps the worst cases of syphilitic sore throat are where it is associated with the scrofulous diathesis inherited from the parents.

Syphilitic sores in the nose of infants often lead to perforation of the septum, the perforation being sometimes so large that the little finger can, with ease, be inserted through it.

The treatment of syphilis in the throat is the same as that for syphilis in any other part of the body, namely, mercurialization in the secondary stages, iodization in the tertiary. It is very important to keep the parts thoroughly cleansed. If there is local ulceration the parts should be syringed, or cleansed with a brush, or spray douche. The water used should contain some of the chlorate or permanganate of potassium, or some carbolic acid. For my part, unless ulceration has set in, I do not believe that any medication to the throat is necessary, and that the local disease will yield entirely to the constitutional treatment. Sometimes I employ a twenty grain to the ounce solution of nitrate of silver, or sulphate of copper. In making these applications be sure to cover the whole patch, so that the diseased tissue should be completely destroyed.

Where you wish to make a good local application, use instead of a camel's hair brush a broad or flat paint brush, so that one sweep of the brush will cover a space half an inch wide. In this way the whole diseased surface may be washed by one motion.

When you wish to use the lunar caustic itself locally, the best form is that in the shape of a lead pencil, which you sharpen just like any other pencil. In this way you can confine the application to the desired space without any danger of its touching healthy tissue. If you wish to apply this pencil to a lateral surface, as, for example, to the side of the palate all you have to do is to cut away the wood from the side of the pencil, so as to leave a small piece of the caustic exposed laterally. A stronger application still than silver is to be found in chromic acid.

In the treatment of the tertiary form of syphilitic sore throat, you should use the iodide of potassium, together with small doses of the bichloride of mercury, or its equivalent in some other preparation. When perforation is threatened, the iodide of potassium should be given in doses of from thirty to ninety grains, every three or six hours, for thirty-six hours, if necessary, or until a change for the better takes place. In this way you may cut the perforation short, and completely stop the phagadenic process.

In giving large doses of the iodide of potassium, you should always bear in mind that the drug may give rise to œdema of the larynx.

Therefore, make it a rule never to let three doses pass without seeing the patient and examining the larynx. Œdema of the larynx has been caused in two cases in my own practice by large doses of the iodide.

As soon as the patient gets thoroughly under the influence of this medicine you may return to the ordinary dose. Sometimes you cannot prevent the occurrence of perforation, or it may have taken place before your arrival, and you find the uvula, perhaps, hanging to its base by only a thin shred of flesh. Or it may be that a portion of the palatine fold has been separated and is hanging suspended over the opening of the wind-pipe and œsophagus. In such cases, unless there is a great danger of its dropping, my rule is to let well alone.

Tell the patient of the exact state of affairs, and, if it gives rise to harassing cough, an assistant can clip it off with a pair of scissors. As soon as the system is thoroughly under the influence of the iodide of potassium the strong probability is that the separated parts will unite again. Indeed, I have often seen a hanging uvula unite again through its whole extent. No artificial instrument will take the place of the normal palate. A false palate only produces an approach to the normal voice.

It is a very singular pathological fact that a congenital cleft palate when operated upon, or an accidentally wounded palate will unite easily, whereas a perforated palate, the result of old syphilitic disease, will not be apt to unite after operation, unless the general disease is entirely banished from the system, and sometimes not even then, and, unfortunately, you never know when the system is free.

This brings us to a consideration of the question, as to how long the system should be kept under the influence of antisyphilitic remedies. I would continue the administration of these remedies until all evidences of the disease had ceased, and still keep them up for a couple of months longer, and then let small doses be taken every few weeks, and whenever the throat shows the slightest disposition to take on specific inflammatory action. When small doses of the iodide of potassium produce catarrh, and other prompt systemic evidence of its potency, you have a perfect right to infer that the specific disease has abated or left the system.

Some physicians hold that syphilis can never be eradicated from the system. You should always keep your patient under close observation for a number of months after he has ceased to take medicine.

In the treatment of syphilitic sore throat in infants, as in adults, mercury is indispensable. This drug should be given by the mouth or by inunction. Sir Benjamin Brodie recommended smearing mild mercurial ointment on the inside of the flannel shirt worn by infants.

In the coryza of syphilitic children the nose should be frequently cleansed by means of a syringe. In using the syringe see that the infant's head is brought well in front of you and is held downwards, so that none of the purulent matters from the nose are swallowed, and so brought in contact with the mucous membrane of the pharynx and epiglottis.—*New York Hospital Gazette*, August, 1879.

TARTAR EMETIC IN RIGID OS UTERI.

This illustrative case is reported in the *Lancet*, by Dr. J. A. Irvine:—

Mrs. B., aged twenty-three, primipara. I saw her on the morning of the 26th of September last. On examination I found the os beginning to dilate and slight pains present. The membranes were intact, and I left her in charge of an experienced nurse. On again visiting her, some hours after, the pains I found still present, but rather irregular. I again examined the os, and found very little advance made since last visit. I saw her again in the evening, it being now altogether twelve hours since the commencement of labor. The os was at this time rigid, and no further dilatation had taken place, notwithstanding the strong and frequent pains. The lips had a hard, ring-like feel, very different from the semi-pulpy os sometimes met with. The patient's strength was good, with but little constitutional disturbance. I determined to give her antimony in small, frequent doses, and accordingly administered one-sixth of a grain of tartar emetic every ten minutes. A few doses thus given produced nausea, and after the fifth dose vomiting took place, when the administration ceased. On examining the os after a short interval, I found the rigidity gone, and the hard ring vanished. As soon as possible I ruptured the membranes, and safe delivery followed. The rapid effects of antimony in this case were surprising, and from a similar experience subsequently I believe that the small and frequent doses as here given are the best way of exhibiting the drug. The late Dr. Hall, of Montreal, recommended half a grain every half hour, but dangerous depression might in many instances supervene.

BROMHYDRIC ACID IN TINNITUS AURIUM FROM QUININE, ETC.

This acid affords an excellent means of stopping that ringing of the ears which is often such a disagreeable accompaniment to the injection of quinine. It also exercises a not less favorable influence upon other noises, particularly those of a pulsatile character, which give, for example, the sensation of hammering. If vertigo is present, the bromhydric acid neutralizes that also. The dose is fifteen drops in a little water every fifteen minutes.—*Press Med. Chir. de Pesth.*

THE CANADA MEDICAL RECORD,
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MONTREAL, OCTOBER, 1879.

THE CANADA MEDICAL ASSOCIATION.

The meeting at London, on the 10th of September, may be considered a successful gathering, and yet it was not so successful as we had hoped it would have been. The attendance was fairly large, and yet it was not what the Association had reasonably a right to expect, after an existence of twelve years. If we except the delegation from Montreal, which was present in considerable force, the attendance of those beyond a radius of fifty miles was exceedingly scanty, the great bulk of those present being from the town of London and its immediate neighborhood. With the exception of the meeting at which the Association was established, and one or two subsequent ones, this has been the character of the attendance at all the meetings. When we reflect as to why this has been the case, we are forced to the conviction that, although Confederation has done much to mould us into a homogeneous whole, that there yet clings to us far too much provincialism. If we desire to rise above the narrow issues which provincialism engenders, we must cast aside those prejudices which have descended to us as the result of the old political feuds, which in days that are past, existed between the Upper and the Lower Province of Canada, now Ontario and Quebec. We should be prepared to make our Medical politics, as far as is possible, assume a Dominion shape; but till that time arrives, can we not all of us feel that the profession has one grand and glorious platform on which all can meet? Can the profession not feel sufficiently interested in the advancement of the science and art of Medicine to devote every year, or every year or two, a few days to travel whither the Canada Medical Association is about to hold its session? It should be so interested, because the contact of mind with mind is sure to be beneficial not to the physician alone, but likewise to those who may require his professional care. We feel that in Canada we have not yet risen to a just estimation of the value of such Associations as have our brethren across the lines. In the United States the American Medical Association, the sister Association of our own, shifts its meetings from Chicago to Washington, Atlanta to New York, San Francisco to New Orleans, and yet at all those places we find that the attendance has been large, thoroughly representative in its character, and hailing from every portion of that great country. How different is it with us in Canada! Take our Association down to the Maritime Provinces, and beyond a Montreal delegation (which is always to the front to support the Association), and perhaps a couple of prominent men from Ontario, the success of the gathering depends on those residing in and around the place of meeting. Place the meeting in Ontario, and the result is the same, only reversed. Now this should not be, and yet till we shake off this feeling of working for the profession *only* in our own Province, we do not think that any alteration may be expected. We have been led to make these few observations, which have long been felt, if not previously uttered, because we notice a letter in the October number of the *Canada Lancet*, signed "*Unus E. Pluribus*," in which the formation of an Ontario Association is advised, and this because "the itinerant system of holding meetings one year in the West, and perhaps the next year in the far East * * * is certainly very unpromising of vigorous persistent vitality." Now with all due regard to the gentleman who penned the above, we are of opinion that he does not precisely grasp the situation. If the profession in Ontario desire to form an Ontario Association, they have the talent and the energy and the means to carry one to a very successful issue; but that is no argument against the necessity and the advisability of also keeping up our Dominion Association, which must always, no matter what its numerical strength may be, rank far above any mere Provincial Association. We believe that in many ways our Canada Medical Association might, however, be improved. For illustration, we may say that, in our opinion, if it partook

more of the character of a meeting of Medical delegates it would at all events be better attended, and also attract more attention. To have delegates in sufficient numbers, every city and every county should have its Medical Society, and from each of these should be sent one or more delegates. It is possible, but it would of course be somewhat difficult, to carry out our idea. Till such a desideratum takes place, we sincerely trust that our friends, not only in Western Ontario, but in Eastern Quebec and the Lower Provinces, will feel that professional pride, if nothing more, should induce them to lend a helping hand in making the meeting which takes place next Autumn in Ottawa the most successful that has yet been held.

Unus E. Pluribus, writing to the October number of the *Canada Lancet*, says: "It appeared to me, as I believe it did to not a few other members, that the Permanent Secretary seemed to regard the Association as his own proper machine, and that it must be run just as he deigned to permit, for no matter of ordinary business was allowed to be proceeded with, without his jumping to his legs." Whoever this correspondent may be, we believe we express the opinion of nine-tenths of those present at the meeting, when we say his letter is a base slander against a worthy officer of the Canada Medical Association. It may be true, and we believe it is, that upon two or three occasions when his opinion was desired by Dr. McDonald, the President, the Permanent Secretary did rise to his feet, and gave to the meeting the opinion asked for, and in doing so he laid the Association under an obligation. It must be remembered that the Secretary in this Association has occupied his position for a number of years, and that consequently the President, a new officer every year, is very likely, and moreover very wise, to appeal to him for advice, for who should be more competent to give it? That the remarks of *Unus E. Pluribus* are not merited is proved by the Permanent Secretary's unanimous re-election to office, as well as the fact that he received the thanks of the Association. Let this correspondent change his tack; let him come to the conclusion that Ontario is not the world, that there are more people than himself in it, and that he would be doing better service to his profession and his country by smoothing down any uneven surface which he may see, instead of trying to dig from the earth, and roll to the front, anything which can by any possible means be construed into a grievance.

THE MONTREAL MEDICAL SCHOOLS.

McGill University opened October 1st, Dr. Gardner delivering the introductory lecture.

Bishops University opened October 1st, the introductory lecture being delivered in the evening by Dr. McConnell, a number of ladies being present.

Victoria College was opened by Dr. G. O. Beaudry delivering the introductory lecture.

Dr. Rottot, the Dean of the New Medical School in Montreal of Laval University, gave the opening lecture.

So far as we can learn between 300 and 400 students are in attendance at the various Montreal Schools.

PERSONAL.

Dr. Gurd (M.D., McGill College, 1879), after a lengthened visit to England, has returned to Montreal, where he intends to settle.

Dr. Jenkins (M.D., Bishops College, 1879) is at present on a visit to England.

Dr. James McGregor Stevenson (M.D., McGill College, 1856) is in practice at Bryanston, Ont

Dr. Kannon (M.D., Bishop's College, 1879) has been appointed House Surgeon to St. Peter's Hospital, Albany, N. Y.

REVIEWS.

Reports to the St. Louis Medical Society on Yellow Fever. By W. Hutson Ford, A.M., M.D. St. Louis, Geo. O. Rumbold & Co.; Montreal, Dawson Bros.

In these reports we find a great deal of important matter to those physicians taking an interest in yellow fever. Never has the subject assumed such importance as during the last two years on account of the ravages committed by it along the Mississippi River.

Part IV, on the Etiology of the disease, is very instructive, giving us all the information possible up to the present time.

Part V is on the Theory and Practice of the administration of Veratrum Viride. The author speaks very highly of its use, and claims to have had success with it.

Atlas of Skin Diseases. By LOUIS A. DUHRING, M.D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania; Physician to the Dispensary for Skin Diseases, Philadelphia; Dermatologist to the Philadelphia Hospital, &c. Philadelphia, J. P. Lippincott & Co.

We have had upon our table for some time past number five of this Atlas of Skin Diseases, and have had ample time to give it a critical examation. The subjects illustrated, Scabies, Herpes Zoster, Tinea, Sycosis, Eczema(vesiculosum), are among the common forms of Skin Disease seen almost weekly if not daily at ordinary Medical Dispensaries. This fact renders this number peculiarily liable to criticism by those whose opportunities for testing the correctness of the plates have been ample. Among this number we place ourself, and we can with thorough honesty express our conviction that the plates are absolutely correct, while their artistic execution does credit to the artists who have executed them. Indeed, the entire work is so complete and so artistic as to be creditable not alone to the house that has had the business tact to produce it, but to the profession of medicine in the United States, of which Dr. Duhring is so distinguished a member. The opportunities which Dr. Duhring has for pursuing his studies on Dermatology are perhaps more extensive than that possessed by any other dermatologist on this side of the Atlantic, and the letter press of this Atlas shows that he has seized hold of the salient and foremost points of each case, and produced a description of the disease as life-like as is the drawing it is intended to elucidate and explain. The labor which has been bestowed upon both plates and letter press must have been very great, and the profession owe it to themselves that such labor should be rewarded by a hearty and generous response. Works like this Atlas of Skin Diseases are not produced every year, and as the number issued beyond the subscription list must be limited, we strongly and earnestly recommend all of our readers who may feel interested in the study of Dermatology (and every physician in practice should be deeply interested), to at once write to J. P. Lippincott & Co., of Philadelphia, and order the work. Any who may desire to see the work before ordering can do so at our office.

First Step in Chemical Principles, intended principally for Beginners. By HENRY LEFFMAN, M.D., Lecturer in the Jefferson Medical College. Philadelphia, Edward Stern & Co.

This small book is a little gem in its way. For those commencing the study of Medicine we know of no work which will at all compare with it in making comparatively easy that science (chemistry) that taxes as much the mathematical knowledge of the student, as it will his power of abstract reasoning. Every first year medical student should send for a copy of it.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

QUEBEC, 24th September, 1879.

The semi-annual meeting of the Provincial Medical Board took place at the city of Quebec, the 24th September, 1879, in the rooms of Laval University.

Members present:—Doctors Rottot, David, Marsden, Paquet, Trudel, Rivard, Wells, Paré, Ladouceur, Howard, Gibson, Scott, Gilbert, Lachapelle, LaRue, Michaud, Collet, Perrault, F. W. Campbell, Dagenais, Ahern, Marmette, Sewell, Lemieux, Gingras, Ross, Lafontaine, De St. George and Belleau.

The President, Dr. Rottot, took the chair at ten o'clock.

The minutes of the meetings of May 14th and 15th were read and adopted.

Read a letter from Dr. Grandbois, member of the Board, regretting that he was unable to attend the meeting through illness in his family.

The report of the Assessors of the Medical Faculty of Laval University, Quebec, was read and adopted.

The report of the examiners for the preliminary examination was read and adopted. By this report the following gentlemen have been admitted to the study of medicine:—Emile Sylvain, Rimouski; Alfred Pinault, Rimouski; C. Dexter Ball, Stanstead; Etienne Gosselin,

St. Isidore; John C. Howe, Quebec; Thomas Duhig, Quebec; J. A. Dickson, Trenholmville; George R. Shirriff, Huntingdon; William Delaney, Magdalen Islands; Edmond Perron, Eboulements; Samuel Brien, St. Martin; Charles Vincelette, Canardière; and Charles Eusèbe Lemieux, Quebec; four candidates are to be re-examined on several subjects, and five were rejected.

Moved by Dr. David, seconded by Dr. Marsden, and resolved: That Dr. A. M. Ross, a graduate of Ontario, receive his license, if his qualifications, &c., be found correct.

Dr. Lachapelle read a letter of Mr. Aimé Gaboury, medical student of the Michigan University, asking to be recognised as medical student by the Provincial Medical Board, on presentation of his certificate of having passed his preliminary examination before Michigan University. His request was not granted because the Provincial Medical Board does not recognise the preliminary examination of the University of Michigan as equivalent to its own, and will only recognize as students legally qualified in the Province of Quebec those who have passed an examination equivalent to that of the Provincial Medical Board.

Dr. Gibson (Dunham) brought before the Board the case of Dr. Prime, of Brome, who had been fined for selling liquor against the permissions of the Dunkin Act, which was and is in force in the county where he resides. Dr. Prime claimed that, as a Physician, he had a right to keep liquor, and to sell it for use in cases of sickness, and that it was for exercising this right, which as a licentiate of the College he claimed he possessed, that he had been fined. Dr. Prime desired to carry the case to the Supreme Court of Canada, and thought that it was the duty of the College to assume the further prosecution of the case, inasmuch as the rights of its licentiates had been assailed. Dr. Gibson laid before the College a statement of the case as drawn up by Dr. Prime.

Proposed by Dr. Gibson, seconded by Dr. Gilbert, and resolved:—That Dr. Prime's letter be referred to a special committee, with instruction to inquire into the merit of its contents and to report at the next meeting of the Board, and that the said committee be composed of Mr. President and Doctors Howard and F. W. Campbell.

Dr. W. M. Keyes of Georgeville, Que., applied for the license of the College, on the ground that he held a license from Ontario, issued previous to the formation of the present College of Physicians and Surgeons, Province of Ontario. On presenting this license, it was found to be a license to practice according to the eclectic system, and as the Quebec Board did not recognize an eclectic license the request of Dr. Keyes was refused.

The following gentlemen, holders of diplomas of the following Universities, were duly sworn, and received the College's license:

Laval University, Quebec:—F. X. Gosselin, M.L.; St. Roch des Aulnets; Simon Grenier, M.L., Percé; Charles E. A. Côté, M.L., Quebec; Henri Philippe Rouleau, M.L., St. Celestin, Nicolet.

Victoria University:—L. G. Routhier, M.D., L'Ange Gardien (Ottawa); Pierre Leonore Couillard, M.D., West Farnham, and Louis L. Auger, M.D., Rivière du Loup (en haut).

Read a letter from Dr. W. L. Pagé, of Danville, asking to be registered as member of the College of Physicians and Surgeons of the Province of Quebec, as he had paid his fees and held his receipt, yet did not find his name on the register. It being found that his statement was correct, request was granted.

The Treasurer, Dr. Lachapelle, read a financial statement of the College of Physicians and Surgeons of the Province of Quebec from September, 1877, to 1st September, 1879, showing, all things considered, a satisfactory condition. The amount of what might be called extraordinary expenses, and not likely to recur, being very large.

Proposed by Dr. Howard, seconded by Dr. Ross, and resolved:—That the President be authorized to sell a portion of the bank stock held by the Board to a sufficient amount to pay the most pressing debts.

Proposed by Dr. Collet, seconded by Dr. Gingras:—

Considering that inasmuch as a certain institution has this year made several admissions to the study of medicine;

Considering that it is important to prevent the renewal of such infractions to the existing law:

It is resolved that the College will for the future grant its license only to those who, since

the sanction of our new Medical Bill, will have been admitted to the study by the examiners for the preliminary examination of the Provincial Medical Board. Carried, yeas 17, Nays 10.

Dr. Collet proposed, seconded by Dr. Gingras, the following notice of motion to be considered at the next meeting:

Considering that the College of Physicians and Surgeons of the Province of Quebec is the only safeguard of the rights and privileges of the Medical Profession in this Province;

Considering that there is reason to believe that Victoria College of the Province of Ontario encroaches on these rights and privileges in granting diplomas to students who follow their studies in the Province of Quebec;

It is resolved that the President of the College be hereby authorized to consult a member of the legal profession of the Province of Ontario upon the rights and privileges granted to the Victoria College by its charter and its relations to the Province of Quebec, and that, should he be so advised, he is hereby authorized to take the necessary proceedings by which the rights of the College of Physicians and Surgeons of the Province of Quebec will be protected.

After the reading of the above resolutions Dr. Dagenais read the opinion in writing of Mr. S. Pagnuelo, advocate, of Montreal, regarding the legality of the Victoria University's diplomas in the Province of Quebec, declared his opinion that the University did not possess any such right.

Proposed by Dr. Marmette, seconded by Dr. Campbell, and resolved:

That the Registrar be instructed to notify all those who have neglected to pay their annual contribution to do so immediately, and that the President be requested to take legal proceedings against all those who may neglect to answer the call.

Proposed by Dr. LaRue, seconded by Dr. Marmette, and resolved:

That each Governor of each district give to the Registrar the names of all medical men now practising without being registered in its district, and that the President be authorized to take legal proceedings against them to compel them to register and recover all fees due by them.

Moved by Dr. Gilbert, seconded by Dr. Marsden, and resolved:

That a Committee, composed of our President, Dr. Rottot, Doctors Howard, Lachapelle, F. W. Campbell and Trudel, be appointed to draw up a code of bye-laws for the College, and on their completion (not later than the first day of January next) the President be desired to call a meeting of the City of Montreal Governors, and at the same time to send a manuscript copy thereof to Dr. Lemieux, of Quebec, who is hereby requested to call a similar meeting of the Governors of the City of Quebec, and that the said proposed by-laws be submitted to each of these bodies, and on the completion of the said revision the President be requested to get one hundred and fifty-copies of said proposed by-laws printed, and three copies thereof sent to each Governor of the College not later than the first day of March, 1880.

Dr. Perrault submitted a tariff which was adopted on motion of that gentleman, seconded by Dr. Belleau, and the Secretary was authorized to get it printed, sanctioned by the Lieutenant-Governor in Council, and published in the *Official Gazette*.

The President appointed the following Examining Committees for next meeting:—*Anatomy*, Dr. Scott; *Surgery*, Dr. F. W. Campbell; *Medical Jurisprudence*, Dr. Paré; *Physiology*, Dr. Lachapelle; *Practice of Medicine*, Dr. Gilbert; *Materia Medica*, Dr. Rousseau; *Midwifery*, Dr. Trudel; *Botany*, Dr. Badeaux; *Chemistry and Hygienics*, Dr. Ahern.

On motion of Dr. Howard, seconded by Dr. David, a vote of thinks was passed to the Rector of Laval University, Quebec, for his kindness in placing the rooms of the University at the disposal of the Board.

The meeting adjourned at three p.m.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

SEPTEMBER 19TH, 1879.

A regular meeting of this Society was held this evening, the President (Dr. Henry Howard) in the chair.

Dr. John Reddy then read a paper unique in character and of great interest on "Pneumonia, with Embolism of the Right Femoral Artery."

As far as could be ascertained, this is the first case of the kind on record.

Dr. Finnie related a case in his private practice. He was called on the 28th of August to see a female patient *enceinte*, suffering with flow of blood. Considering it a case of threatened miscarriage, he ordered rest and opium. Two days after, an unusual amount of blood was lost and there was, in addition, incessant vomiting. Next morning the womb was more dilated, and it was then judged to be a case of placenta previa. The case was seen in consultation with Dr. Kennedy, and labor was induced. Chloroform was given and the membranes ruptured, when an unusually large quantity of liquor amnii came away. It was a twin birth, one fœtus being quite covered by its membrane. Stertorous breathing and convulsions followed, the patient dying two hours after the operation. There was but one placenta, it being of the kind known as placenta succenturia.

A discussion followed, in which Drs. Kennedy and Trenholme took part.

Dr. Kennedy mentioned a case which had been brought to the Woman's Hospital, St. Antoine Street, the indications being those of miscarriage: half an hour after her admission a fœtus was expelled. There was retained placenta, which Dr. Kennedy removed. Her face was swollen and covered with an urticaria rash; opium was administered to quiet her. Next day the eruption was gone, but over the abdomen were a number of small purpuric spots. She died at six that evening—death supposed to be from rupture of a blood vessel in the lung.

Dr. Shepherd mentioned a case seen by him in the out-door department of the General Hospital. An individual presented himself complaining that he was debarred cohabiting from the presence of a small excrescence on the base of the glans penis. It had the appearance of an apple seed, but on removal proved to be a small sebaceous cyst.

The meeting then adjourned.

Oct. 3, 1879.

A regular monthly meeting of the above Society was held this evening, and, being the first meeting in October, was also the annual meeting. The President, Dr. Henry Howard, in the chair. There were present Drs. Henry Howard, R. P. Howard, Kennedy, Wm. Macdonald, Kerry, Scott, Reddy, Simpson, Bessey, Bell, Blackader, Brodie, Wilkins, Perrigo, Roddick, Cameron, Osler, F. W. Campbell, Molson, Major, Ross, Loverin, McConnell, Gardner, Hingston, Finnie, McDonnell, Shepherd and Edwards. Minutes of last annual and last regular meetings were read and approved.

Dr. Herbert L. Reddy was balloted for, and unanimously elected a member.

Dr. Major presented the facts of the following case to the Society: B. W., æt. 44, admitted into Montreal General Hospital July 8, 1879, complained of difficulty in swallowing and great pain accompanying the effort. Shows good family history, contracted syphilis twenty-three years ago—ample proof is afforded by person—wife's miscarriages, and children's appearance and teeth, has been a hard drinker for many years. In April last contracted a severe cold, lasted about two weeks. *Dysphagia* supervened. This was first indication of any disease, and was first symptom complained of. Breath was fœtid in smell, cough was not obstinate, and was not a prominent symptom. Three or four months elapsed between the appearance of the dysphagia and the affection of voice power. Voice became husky and harsh, by no means reduced to whisper; some pain over box of larynx on swallowing, and lancinating pain to right ear of but a few seconds duration. No difficulty in breathing, lungs sound on examination, rales in throat on both expiration and inspiration. On depressing tongue with spatula the epiglottis could be seen, and posteriorly to it, on its right half, and showing above it, a greyish-looking body of an ashen color.

Laryngoscopic examination revealed an irregular growth, varying in hue with the situation, composed of two or more independent masses, almost completely blocking up the larynx. The vocal cords were hidden by it, as also was the right ventricular band. The left ventricular band could be seen at times, but always indistinctly and unsatisfactorily. The color of the growth varied from ashen grey to red brown and greenish black, according to the extent to which the disease had advanced and the part attacked. The right ary-epiglottis was involved,—right third of epiglottis eaten away. Laryngeal surface, or such of it as was not implicated in the growth, very much congested.

Supporting treatment was adopted by Dr.

affected with syphilis and had her revenge in kissing my patient upon her lip, which was chapped, and thus gave her the disease, and she died sometime afterwards from cerebral syphilis and paralysis.

Occasionally the disease is communicated by the use of spoons or tumblers which have been touched to syphilitic sores on the lips, or in the mouth. Now and then we hear of a case of inoculation in the process of glass blowing; for if one of the glass blowers happens to have a syphilitic sore on his lips, the disease may very readily be carried by the mouthpiece to another workman who happens to have a fissure on one of his lips. In the same way the disease may be transmitted through the medium of a tobacco pipe. I have heard of cases in which it was carried from person to person through the medium of a cigar. Some cigarmakers, in fastening the end of the leaf, are accustomed to moisten it with saliva. Now, if one of these individuals has syphilitic sore in his mouth, it is very easy to see how the poison might be conveyed. In still other cases, infection has been accomplished through the medium of the mouthpiece of a trumpet. I have seen cases where the same result was accomplished by the incautious use of the Eustachian catheter. The passage of this instrument is very likely to produce an abrasion, even though none exists already; and if the catheter employed has been previously passed into the Eustachian tube of a syphilitic patient, it is exceedingly likely to carry off some of the poison on its surface. It is for this reason that you should all be very careful in the promiscuous employment of such instruments, or rather, if possible, you should never use an instrument which has touched a syphilitic surface a second time. If you cannot afford to buy new instruments, you should, at least, thoroughly clean the old ones, and then dip them in alcohol and then burn off the alcohol, or else immerse them in a ten per cent. solution of carbolic acid and allow them to remain immersed for several hours.

In using the larnygoscopic mirror you have to heat it before introducing it, as you know. Now, some teachers tell you to test the heat of the glass on your cheek, but I say, never touch it to the cheek, for you might thus inoculate yourself with specific disease if your patient happened to have a sore on any of the mucous surfaces of the mouth, and there happened to be the merest scratch on your own cheek. If you are obliged to test its warmth, do so on the back of your hand, or at least be careful to touch the mirror to some unabraded surface.

The distinction between secondary and tertiary sore throat of syphilitic origin is not so well made out as is the distinction between the same stages of the disease as they affect other parts of the body. However, you may accept this statement as valuable in point of diagnosis. *If the sore throat appears a few weeks or a few months after infection it is of secondary grade, if not for several years, it is tertiary.* The element of time is of great importance, since the characteristic appearances of secondary and tertiary syphilitic sore throat are much alike.

I do not think that I know of anything which more resembles the appearance of a syphilitic disease in the throat, than that of an eruption on the skin which has been poulticed, *i. e.*, the manifestations of the disease in the throat are very similar to its appearances elsewhere, the difference of moisture and character of epithelium being taken into consideration.

We know that the throat is often affected with syphilitic disease, but we do not know why it is so affected. Infants as well as adults are affected with syphilitic sore throat. The throat has great proclivity to disease of various kinds. It is greatly exposed to vicissitudes of atmosphere, being continuously used in breathing, and at very frequent intervals, in swallowing. If there is no special reason for the origin of syphilitic sore throat, we, at least, say that the conditions which cause catarrh to settle in the throat locate syphilis there also.

Coming to a consideration of the symptoms of secondary syphilitic sore throat, we find that it first manifests itself by an erythematous congestion of the parts; a hyperæmia, usually most plainly marked on the soft palate. This does not differ in the least from the erythema of scarlet fever, except that the history is likely to be different, and that there is usually an attendant skin eruption in syphilis. There is no distinct line of demarcation to this syphilitic erythema, but it fades off imperceptibly into the healthy tissues around it.

One peculiarity this eruption of erythema does, however, possess, and that is a symmetrical appearance of the parts. The inflammation is not only bilateral, *i. e.*, not only involves both sides of the soft palate, but the separate patches are much of the same shape, the inflammation is not a diffuse inflammation. The reason of this is entirely anatomical. This virus of the disease is of course carried along in the blood current, and, therefore, lodges at parts of the palate where arteries ramify, and the ramification of these arteries is the same on both sides of the palate. This symmetry of the inflammatory action will very often clear up any doubt which we may entertain with regard to the nature of the case.

The inflammation, as I have just said, begins on the palate, and then it goes down on the anterior palatine folds, or, less frequently extends along the hard palate. Occasionally the disease starts on the posterior part of the palate, and so we have no evidence of its existence, unless we make a rhinoscopic examination. To do this you must pass a small looking glass (laryngoscopic or rhinoscopic mirror) behind the

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After the erythema has existed for a longer, or shorter time, elevations appear at some points over the diseased surface. This is due to the glands of the mucous membrane being pushed forward, and the epithelium on the mucous membranes external surface. This gives rise to the so-called "mucous patch," similar to the appearance caused by the application of nitrate of silver to the mucous membrane. This tumefaction is not always present, particularly if the epithelial cells are not distended with serum.

The "mucous patch" is very much like the so-called "milky patches of smokers." If you pull the cheek of an inveterate smoker to one side and examine the inside of it carefully, you will find an opalescence on the mucous membrane, which is produced by the smoke. If, therefore, in examining a case, you see a "patch" where it might be produced by smoke, you ought to be very slow in making your diagnosis.

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Tertiary syphilitic sore throat usually appears some years after the primary affection, or else the sore throat incurred may run from the secondary into a tertiary stage. In such an instance as this we should have a mixture of secondary and tertiary manifestations. Tertiary syphilis rarely appears before the third year from the date of primary inoculation.

The tertiary form of syphilitic sore throat almost always manifests itself by gummatous deposits—syphilomata—masses of material of a regular ovoidal form, varying in size from that of a pin-head to that of a large pea. This mass finally works itself up to the surface and ulcerates through it. The ulcer thus produced is the characteristic syphilitic ulcer, excavated or gnawed in appearance, of crescentric form and with sharp edges.

This grade of the disease also, as well as the secondary, starts up occasionally on the posterior part of the palate, and if it is not discovered and treated promptly, it may perforate the palate in from twenty-four to forty-eight hours. It occasionally requires the greatest amount of care to prevent perforation. This syphilitic ulcer has a tendency to extend either superficially or down into the deep fascia.

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The tertiary form of syphilitic sore throat almost always manifests itself by gummatous deposits—syphilomata—masses of material of a regular ovoidal form, varying in size from that of a pin-head to that of a large pea. This mass finally works itself up to the surface and ulcerates through it. The ulcer thus produced is the characteristic syphilitic ulcer, excavated or gnawed in appearance, of crescentric form and with sharp edges.

This grade of the disease also, as well as the secondary, starts up occasionally on the posterior part of the palate, and if it is not discovered and treated promptly, it may perforate the palate in from twenty-four to forty-eight hours. It occasionally requires the greatest amount of care to prevent perforation. This syphilitic ulcer has a tendency to extend either superficially or down into the deep fascia.

There are usually the same symptoms in tertiary as in secondary syphilitic sore throat, except that the tertiary variety is more apt to be unilateral. It sometimes follows a peculiar course and may proceed at once from the palate to the larynx, and destroy the epiglottis. The epiglottis may be destroyed without interfering with deglutition to any very great extent, for the stump which remains by the contraction of its muscles may form a sort of sphincter and so prevent the food from passing down the wind-pipe. Or, on the other hand, the disease may pass up into the posterior nares, and thence to the conjunctival membrane, and finally enter either the frontal or maxillary sinus and eat away submucous tissue, periosteum and bone itself. Again, it may affect the sphenoid and ethmoid cells and bring on meningitis or cerebritis. Or, still again it may commence in the pharynx, run up the Eustachian tube to the tympanum and so reach the brain. An abscess may form and discharge in the tympanum. There are instances upon record in which the disease has even gotten as far as the spine, producing caries and necrosis of the vertebræ and paralysis of the upper limbs.

Any and every part of the larynx may be affected. The mucous membrane, the submucous tissue, the nerves, the blood vessels, the chondrium, and the perichondrium. Sometimes the cartilages are affected primarily and undergo inflammation and suppuration, when abscesses are formed and break, either through the mucous membrane and so into the wind-pipe, or through the skin externally.

When the arytenoid cartilage is attacked it is often destroyed and discharged, leaving a sort of pocket behind. In like manner the cricoid cartilage may be surrounded and discharged. During the exfoliation of this cartilage, if the sequestrum is thrown out underneath the vocal cords, it is of course a foreign body and subjects the patient to all the dangers attending the presence of a foreign body below the glottis.

Again, tertiary syphilitic sore throat may reveal itself in œdema of the submucous tissues, producing difficulty of breathing if internal, and difficulty of swallowing if external, or the disease may affect the trachea and bring

thing was done that would be of use in such an emergency.

The weak and rather fast pulse did not improve as it should have done. Its frequency did not diminish, nor was there any change in its tone, and shortly I noticed the woman's face become pale; she said she felt "strange" and thought she was going to faint. She soon after lost consciousness, and I was horrified to find her pulse get weaker and more irregular, her respiration become sighing, and her lips and face blanched. Every means was tried, without avail, to rouse her from the syncopic state into which she had fallen, but, in spite of all that could be done, she was dead within an hour after the birth of her child. There was no struggle, no convulsion. It was simply "the blowing out of a candle."

I have not been able to satisfy myself as to the actual cause of death, and I regret that a *post-mortem* was not allowed.

It could not be simple syncope from external loss of blood for, in my opinion, there had not been sufficient hemorrhage to bring about that result; nor do I think the fatal result is to be explained by internal uterine bleeding.

It may have been that the woman had been suffering for some time previous from some chronic disease of the heart, bringing about a gradual thinning of its walls, or causing some degenerative change in its structure, whereby the resulting disposition to fatal syncope was rendered actual when there was much loss of blood—a loss which, under ordinary circumstances, would not have been serious. And on enquiring into the previous history of the patient I did find some slight confirmation of this last idea. As to the physical signs it was not possible for one to make a satisfactory examination of the heart when the necessity for it first arose.

A short time ago I was consulted by A. B., æt. 42, an American of spare habit, for a gonorrhœa which he had contracted. As he was subject to dyspepsia I felt some hesitation about giving him copaiba, as I did not wish to derange his stomach. However, after treating him for some time, and finding that the discharge did not diminish to his satisfaction nor to my own, I prescribed, in a mixture, 20 drops of bals. copaibæ, to be taken 3 times a day, warning him, at the same time, that he must discontinue the remedy the moment he noticed any dyspeptic symptoms, and that I must see him as soon as he finished the first bottle. I did not see him again until ten days afterwards, when I was sent for to attend him at his place of residence. On my arrival he told me that the first bottle "had done him a world of good," and that he had got a second bottle which, for the preceding four or five days, he had been taking in double doses, with the view of getting rid of his trouble still more quickly. The night before I saw him he had been seized with violent headache which lasted during the night, and did not diminish until ten o'clock in the morning.

He had also had some vomiting, was still suffering from nausea and anorexia. His tongue was coated, the temperature 101.5°, pulse 106, and there was a roseolous rash on his face, hands and chest, which was attended with tingling and itching. His bowels had moved several times during the day; the motions on each occasion being accompanied by pain, and there was slight strangury. I prescribed 20 grains of chloral and an equal amount of bromide of potassium in a draught, which gave him some sleep. At 5.30 p.m. the cephalalgiæ returned with increased intensity, and I was obliged to administer a hypodermic injection of morphia to relieve the pain. During the night the patient was several times delirious, and the headache was only controlled by a mixture of liq. morphiæ and spts. chloroform; the chloral mixture being of no use whatever. Next morning there was a lull in the pain, but at 5.30 p.m. a second exacerbation set in; the headache became intense; the delirium was frequent, and the fever ran high. I was struck with the periodical character of the headache and fever, and learning that he had had intermittent fever in the West a few years ago, I thought it advisable to order the patient 20 grains of quinine, to be divided into four powders, and one taken every hour until the headache was relieved. The good effect of this remedy was apparent after the first dose, and by the time the third powder had been taken the severe pain in head left, the fever fell, and the patient slept during the remainder of the night. The next day another powder was given at 4 p.m., and still another at 5 p.m., and there was no

return of the headache. In a few days he was out of bed. The strangury, nausea, and diarrhœa gradually disappeared, but the rash persisted for a long time. This was undoubtedly a case of poisoning by copaiba, and the state of the patient's digestive organs probably hastened the toxic effect of the drug. Whether intermittent headache, fever, etc., are ever features of copaiba poisoning or not I have been unable to discover: if it were so, I imagine it would be difficult, in this instance, to place a proper value upon the fact of the patient's having had ague. It would not be an easy matter to say positively whether the periodic symptoms were due entirely to the copaiba, or whether they could be referred to the previous attack of malarial poisoning.

On the 28th of July, I paid my last visit to S. R., aged 19, convalescent from a six weeks, attack of typhoid fever. His sister and two brothers had attended to him during his illness, and they were more or less tired out from constant watching. On the evening of the 6th of August I was sent for to see the younger brother, aged 12, and I found him in bed with a flushed face, pulse 100, temperature 101½°, and a very wearied look about his eyes. He complained of nausea and pain in his abdomen, which was somewhat tender on deep pressure. He was very thirsty, and his tongue was dry and brown. The most noticeable thing about the case was his stools. He had had diarrhœa for three days, and the dejections had become greenish and very offensve. That night (the fourth of his illness) he was slightly delirious.

I believed I had a second case of typhoid in the house, and treated it as such. Fortunately, however, I told the parents of the child that I should have to wait a few days before making a positive diagnosis. At all events there could be no doubt about the *enteric* nature of the fever, for the stools continued to be liquid and offensive; the abdomen became distended and hard; there was an increase of the fever and delirium at night; the tongue got browner, and the patient was getting very much worse. The pains in the abdomen, which were rather constant at first, assumed a colicky character, adding much to the distress of the patient, and there was occasional vomiting and retching.

What the disease would ultimately have been called, and how it would have ended, are questions not easy to answer, but it so happened that an unforeseen circumstance threw light on the diagnosis and assisted to a prognosis. On the afternoon of the 5th day of the child's illness his sister, while assisting him to use the bed pan, heard something drop with a sharp metallic "click" into the vessel. The boy at once exclaimed, "Oh! I guess that's it."

An examination of the stool proved "it" to be a small model, in copper, of a cricket bat, of the size that is sometimes attached to watch chains. It presented a worn appearance, and in several places there were distinct marks of erosion.

On being questioned the boy confessed that he had accidentally swallowed the copper model, and for some reason or other had been afraid to say anything about it. The patient recovered rapidly, and in a week was running round as if nothing had happened.

ON THE TREATMENT OF SOME FEBRILE DISEASES BY THE EXTERNAL APPLICATION OF COLD.

By T. K. HOLMES, M.D., Chatham, Ont.

Read before the Canada Medical Association in London, Sept. 11, 1879.

Gentlemen,—I intend in this paper to present for your consideration some observations on the therapeutic uses of cold applied externally. The subject commends itself to me on account of the great efficiency of this agent in properly selected cases, and also on account of the neglect it has suffered at the hands of the profession generally.

There is reason for believing that beyond sponging the bodies of fever patients with cold water for a few minutes night and morning, its employment is seldom resorted to by medical men in general practice. While sponging the skin for ten minutes with cold water may cleanse it, and so render a patient more comfortable, it will not reduce the temperature when much above the normal one half of one degree Fahr. It is as an antipyretic that cold applications will be considered in this paper; it is therefore desirable to inquire into some of the phenomena of the febrile state. No question in experimental science presents greater difficulties than that of the causes of fever and

their mode of action in producing it. By the light already shed on this subject it is justifiable to believe that essential fevers result in most cases from the introduction of a poison into the system, and that its presence initiates that complexus of morbid phenomena known as essential fever. As heat is only a mode of motion, all abnormal elevation of temperature in the animal organism must be the result of excessive motion therein, and is only an index of morbid processes taking place in disturbed cystogeny and retrograde metamorphosis.

An eminent English writer, whose name I forget, believes the heat of fever to be the result of intensely rapid cell generation; but as the elevation of protoplasm to more complex matter is a synthetical process, heat would be used and not produced in accomplishing it. It may be, however, that cells thus rapidly formed, being ephemeral in their nature, undergo equally rapid disintegration, and are decomposed into substances much simpler in chemical composition than the protoplasm from which they were formed, and that the excess of heat so produced over the amount used in the cell formation accounts for the increased heat observed in the pyrexial state. If to heat so produced be added that resulting from rapid retrograde metamorphosis of tissue previously formed, a plausible explanation of the rise in temperature is reached. In whatever way produced, the abnormal temperature becomes the chief factor in a chain of morbid action always injurious and often dangerous.

I have here the heart of a turtle recently removed from the body. It will be observed that when heat is applied by holding the plate over a lamp the pulsations become more frequent, and that placing it on a piece of ice causes the heart to beat more slowly. Placing it again over the lamp the pulsations immediately increase in frequency, and again changing it to the ice the pulsations fall as before. This phenomenon was first observed by Dr. Brunton, and suggested to my mind the propriety of instituting a series of observations on the action of cold applied to the surface of the human body during febrile action.

The result of these observations has convinced me that in the external application of cold we possess an agent that merits far more attention from the profession than it receives. Although we cannot apply heat and cold directly to the human heart, as has been witnessed in the experiment just made, we can deprive the blood in the superficial capillaries of its heat, and send it back in a cooler stream to the laboring and exhausted heart, and so produce a similar effect to that produced by cold upon the heart of the turtle. The nerves of the heart are not alone susceptible to the influence of heat and cold, but every organ under the control of the great sympathetic responds to the influence of these agents. Nor is this all: it will be shown in this paper that they are also capable of producing by reflex action through the cerebro-spinal system the most marked effects upon the organs normally under volitional control.

The sequence of morbid processes in fever seems to me to be as follows: 1st. The generation within the body of the introduction from without of a poison; 2nd. Excessive molecular motion in tissue undergoing disintegration as a result of the presence of such poison. 3rd. The transmission of the resulting heat to nervous centres by the sympathetic filaments to their ganglia, by afferent nerves to the centres of the cerebro-spinal system, and to both by the blood. 4th. Reconversion of heat into motion, as seen in increased functional activity of the heart, lungs, skin and some other organs, and in some cases in the violent explosions of force as manifested in convulsions of the voluntary muscles.

It will be found on examination that the successful treatment of fever has for its object the arrest of one or all of these diseased actions. We attempt to eliminate the poison that has initiated the train of morbid action, or, failing to do so, we try to arrest the undue metamorphosis of tissue by diminishing the oxygen-carrying power of the blood. We try to allay reflex action in the nervous tissue, or we endeavor to convey from the body the excess of heat generated.

If we succeed in eliminating the poison, or in neutralizing it, the patient is cured, and our aim accomplished, but from the nature of the poison we are often unable, in the present state of medical knowledge, to do either, and so excessive molecular motion goes on, heat continues to be generated in too great amount, and we have no alternative but to interpose obstacles to the passage of oxygen to the tissues

in which the morbid process is being carried on, and at the same time to aid in the removal of heat as fast as it is generated. The former we accomplish by the administration of various antipyretics, as quinine, veratrum viride, aconite, digitalis, etc., while the latter is best accomplished by abstracting heat from the body by the external application of cold. Heat generally produces such violent action in the circulatory organs as to rapidly exhaust them, and render them incapable of bearing further depression by therapeutic agents, so that many drugs acting as most of those just named are inadmissible. Their action, moreover, is often too slow to render them availing in the preservation of life.

It is under these circumstances that the rapid abstraction of heat becomes of paramount importance in affording relief or in saving life. We know that a temperature of 107° F., or higher, is incompatible with life if continued for even a comparatively short time, whatever the disease may be, and we know of no internal remedy that will reduce it to the health standard as quickly, safely and certainly as cold applied externally.

If a well-developed child, weighing thirty pounds, and having a temperature of 106° F., be placed in a bath of water at 50° F., there will be no perceptible fall in the axillary temperature for three minutes; the mercury will then begin to fall very slowly, and in about fifteen minutes will stand at 98½°, falling much more rapidly the last three degrees. The rapidity with which the temperature falls is not the same in every case, and cannot be prognosticated; it is well, therefore, to always keep a clinical thermometer in the axilla, and remove the patient from the water when the mercury has fallen to 99½°, as there will be a further fall after removal from the bath.

The temperature may be reduced with almost equal facility by sponging the whole body with whiskey or brandy, and fanning the wet skin at the same time to promote evaporation. This method, indeed, is often preferable, as cold water is apt to alarm young patients and is unpleasant. At first it is better to have the bath tepid, and rapidly cool it by the addition of cold water or ice until our object is attained. This precaution is unnecessary when from any cause the patient is insensible, which is generally the case in infantile convulsions.

The most notable changes that accompany the fall in temperature are those pertaining to the nervous and circulatory systems. The pulse becomes less frequent, slower and softer, nervous excitability is allayed, muscular spasm ceases, sleep is often induced while the patient is still in the water, and is almost certain to supervene on removal from it.

In some cases, the temperature having been thus reduced, there is no subsequent rise, the case progressing to rapid recovery; but in many diseases it is necessary to repeat the bath at such intervals as will be indicated by the rise in temperature.

By keeping the patient in a cool, well-ventilated room, and resorting to the use of the sponge bath and the use of a fan, the repetition of the cold bath will only be required at long intervals, and may not be required at all. Experience has led me to the conclusion that children are more intolerant of increased temperature than adults, and that it is in febrile diseases of the former we can accomplish most by the use of cold externally.

The febrile diseases in which I have found this treatment to be most useful are diarrhœa, dysentery, scarlet fever, acute bronchitis and convulsions complicating febrile action. I have also treated acute pleurisy, pneumonia and cerebro-spinal meningitis in this way, but not a sufficient number of cases on which to base any conclusions. I may say, however, that the cases of pleurisy seemed to be benefited, but the cases of pneumonia and cerebro-spinal meningitis terminated fatally, although not, I believe, on account of the cold water treatment.

A large number of children die every summer from acute diarrhœa. The attack usually comes on suddenly, the stools are frequent, the stomach sick and the temperature high. If seen a few hours from the beginning of the disease the child will be found restless and pained, the stools offensive and unnatural in color, the features pinched and full, the eyes sunken, and often the feet and hands cold. The patient moans and moves the tongue about the mouth in a peculiar manner, and often makes efforts to vomit when no food or drink has been taken. If the case be allowed to go on, the pupils become contracted, the breathing labored,

the extremities colder and bluish in color, the pulse frequent and feeble, the fontanelles depressed, and the child rolls its head from side to side on the pillow. If the axillary temperature of that child be tested, it will almost certainly be found to be between 103° and 106° F., notwithstanding the coldness of the extremities. Such cases must have relief promptly or they will all die. The indications are to rid the bowels of offensive accumulations, to arrest the vomiting, to preserve the strength and to reduce the temperature. Purgatives will seldom remain on the stomach, nourishment and stimulants are rejected in the same manner; it is generally useless to administer anti-emetics, and even if we could wait for the action of drugs that reduce the temperature, they would as a rule be inadmissible on account of their depressing influence on the circulation. If a child in this condition be placed in a cold bath for from five to twenty minutes, according to the heat of its body and the coldness of the water, the temperature will fall to the normal standard, the heart will beat with more force, the thirst will be less intense, the circulation will become equalized, sleep will generally be procured, and the stomach will retain nourishment and medicine. If after a few hours the temperature rise again, the bath can be repeated, but, by allowing the child to lie naked and be sponged and fanned, its repetition may not be necessary, for if, in the meantime, a purgative dose of rhubarb or castor oil be given, the tendency to a rise of temperature will not be so great.

I have frequently seen children, that had tossed and moaned for hours, fall into a quiet sound sleep in the water in a few minutes, and continue to sleep well after being taken out.

As an illustration I have transcribed from my case book the following typical cases.

Case I. July 27th, 1878.—J. Ellson, æt. 5 months, strong and well nourished, has had diarrhœa for forty-eight hours, and the mother thinks fever also. Looks distressed, temperature 105° F., pulse 130, evacuations greenish and offensive, and about twelve a day. Ordered rhubarb and soda bic. aa gr. iv. every two hours.

28th, 10 o'clock a.m.—The child has not rested, but cries and tosses about incessantly. The extremities cold, and temperature 105° F. No pulse at wrist, breathing labored, fontanelles depressed, eyes sunken, features pinched and bluish, and it refuses to nurse.

Put it into water from the well until axillary temperature fell to 99½°, when the child fell asleep. Soon after its removal from the water the pulse returned at the wrist, and the body and extremities became of about uniform warmth.

At 1.20 p.m. the temperature had risen to 104°, and the child was again restless. Repeated bath with same result as first.

29th.—Rested well all night, and has nursed several times. Temperature 99½°. Parents had used sponge bath and fan frequently through the night. Stools greenish. Ordered a dose of castor oil and chloral enough to make it rest.

30th.—Passed a comfortable night, and nurses well; has been sponged several times during last twelve hours; temperature 99½°. After this an occasional dose of rhubarb and soda was the only medicine given, and the child soon recovered entirely.

Case II. July 12th, 1876, 10 o'clock a.m.—Caspar Schweinler, a robust child five months old, has had diarrhœa for three days, but not very ill until yesterday, since when it has neither nursed nor slept, but has constantly uttered half suppressed cries. It is pale, hands and feet cool and skin dry. Gave a purgative dose of rhubarb and calomel.

3 o'clock p.m.—Bowels well moved by the medicine, the last evacuation being natural in color. Extremities cold, pulse imperceptible, pupils contracted, face leaden hue, and thirst intense.

The axillary temperature to my surprise was 105,° for I had been deceived by the coldness of the extremities and the general appearance of the patient, and did not expect to find temperature so high.

Gave half a drachm of brandy and put it into a tepid bath, and rapidly cooled it by the addition of cold water. In ten minutes the temperature fell to 102°, and sleep came on for the first time in thirty hours.

When the mercury fell to 100° I removed the child from the water, and it slept most of the afternoon, and was not thirsty. As the temperature fell, the pulse became better and the pupils larger.

8 o'clock p.m.—Temperature 103°, child sleeps well, and looks comfortable. Bath re-

peated, and temperature reduced to 99° in five minutes.

13th, 10 o'clock a.m.—Rested well all night and nurses, temperature 103°. Ordered a dose of castor oil.

11 o'clock a.m.—Child has had two convulsions within last few minutes, is insensible, and temperature 105½. Repeated the bath, and reduced temperature to 98½°. After this the temperature never rose above 101°, the bath was not resorted to again, and in a few days the child was well.

Case III. Bronchitis. Jan. 5th, 1879.—N. Clarke, æt. 14 months, ill five days with what the parents thought an ordinary cold.

I saw it on the fifth day of its illness, and found it with well-marked acute bronchitis, temperature 105°, pulse 140. Abundant râles over both lungs.

For the next five days the treatment consisted of hot fomentations to the thorax with occasional applications of turpentine to keep up slight counter-irritation and the administration of quinine with small quantities of Dover's powder. An aperient was given when required, and the child was allowed to nurse.

The symptoms underwent but little change until the 10th, when great restlessness came on. The breathing was very rapid, and there was constant moaning and rolling of the head. Extremities cold, pupils small, tongue dry, pulse too frequent to count, and temperature 106°.

Fearing the child would die unless relieved promptly, I felt justified in trying the effect of cold externally, which I did by removing hot fomentations, sponging the body with brandy and fanning it vigorously. At the end of half an hour the temperature had fallen to 99° and the patient was sound asleep, pulse slower and fuller, breathing easy and extremities warmer. I then instructed the attendants in the use of the thermometer, with the request to keep the axillary temperature as nearly 100° as possible by the means just used.

11th.—Instructions have been observed, and child has rested well and has not been very thirsty. Temperature 100°, respiration 35, pulse 130. Thinking the disease had passed the climax, and that convalescence would go on, I advised the mother to put on the child a thin night dress and to omit the applications of the brandy.

12th.—The parents informed me that in four hours from the time the sponging was stopped the child became restless and seemed worse in every respect, and that the temperature rose to 104°, when they again resorted to the cold sponging with same beneficial result as before. For the next three days it was necessary to continue the cold applications several times daily, after which time the fever disappeared, and the child made a good recovery.

In my own experience eighty per cent. of all cases of convulsions in children occur during fever, and I believe are nearly always caused by the elevation of temperature alone. The ordinary treatment of such cases is unsatisfactory: chloroform, first recommended by Sir James Simpson, will control the spasms, but in many cases these occur in such rapid succession that no intermission can be perceived; they continue whenever the anæsthetic is stopped, and our only recourse is to continue its administration until the fever yields to medicine or subsides spontaneously. I have followed out this plan of treatment in many cases, often successfully, and frequently not so.

I have notes of four fatal cases in which the inhalation of chloroform was continued from six to thirty hours. The administration of medicine in these cases is always difficult, sometimes impossible, and is generally attempted with risk to the already weakened heart. This is true of bromide of potassium, chloral, veratrum, aconite, &c., while quinine acts too slowly to be depended upon in any severe case; warm or hot baths are sometimes useful when, by inducing perspiration, they reduce the temperature, but every medical man knows that they often fail to arrest the convulsions.

The cold bath fails so seldom that it may be considered a specific. The spasms will frequently continue until the temperature has been reduced to 98½°, but at this point they are almost invariably arrested. Several years' experience with this plan of treatment has inspired me with the strongest confidence in its usefulness, and yet a desire not to have its value over-estimated compels me to admit that there are cases in which convulsions will return or continue notwithstanding the reduction of temperature, but such cases are rare, and probably are complicated by organic lesions, as tubercular meningitis.

The following cases will illustrate the com-

parative value of the cold water treatment of convulsions complicating fever:

Case IV. July 3rd, 1876.—M. A., æt. 2 years, strong and well-developed, was taken suddenly ill last evening with dysentery and fever, which lasted all night, and at seven this morning there was a convulsion. At 8 o'clock I saw him, temperature 103°, restless. Ordered a large dose of castor oil, and one-third of a drop of the fluid extract of aconite every hour while fever lasted. Another convulsion occurred at ten a.m., and another at half-past ten, when I began the administration of chloroform. At noon the oil had operated well. At 2 p.m. the convulsions recurred, and continued for two hours with no intermission, although the patient was partially under the influence of chloroform during the time. At 4 p.m. they were as violent as possible, temperature 105°, pulse 150, breathing noisy and labored, a light frothy foam was constantly discharging from the mouth and nostrils, and death seemed inevitable. I now put child into bath at 50°, and added ice and ice water. In ten minutes the breathing became easier, in fifteen minutes the temperature was 102°, and in twenty minutes 99° and the pulse 110. All spasm had ceased, and the child was replaced in bed. It slept soundly for half an hour, and awoke with no bad symptoms. There was no return of fever, and no further treatment was required.

Case V. Feb. 5th, 1871.—L. Lamont, æt. 6 years, was first ill this morning with chill followed by fever (malarious).

At one p.m. convulsions came on, and continued without intermission, when she died.

The treatment consisted of warm baths, castor oil, injection to move bowels, bromide of potassium and hydrate of chloral. The temperature the whole afternoon was 104°. Chloroform was administered part of the time.

Case VI. Sept. 26th, 1872.—P. T., a strong boy, 8 years old, was well until noon to-day when chill came on followed by fever and convulsions, which still continued when I arrived, at one o'clock p.m. The attendants had just removed him from a warm bath. It was impossible to get him to swallow anything. Applied cold to the head, gave an enema, and put him under chloroform, which controlled the spasms, but they always returned when it was omitted.

The enema acted well, the chloroform was continued, the temperature remained at 106°, the pulse became gradually weaker and more frequent, and after three hours he died.

Case VII. Oct. 28th, 1876.—C. Gore, æt. one year, was never ill till last evening, when fever came on and lasted all night. At 7 o'clock this morning convulsions began, and lasted without intermission until half-past eleven a.m., when I saw the child, and found him convulsed and senseless, with a temperature of 104°. Used cold bath, and in ten minutes temperature fell 99°, the spasms ceased, and consciousness returned. The child remained well until the following Thursday (4 days), when it again had fever, and convulsions began as before. The parents, having witnessed the beneficial effects of the former treatment, put the child into a cold bath, and in a few minutes he was well and remained so afterwards.

In carrying out this plan of treament care is required to protect the bulb of the thermometer from contact with the water, by keeping the arm pressed firmly to the side.

The application of cold should not be continued after the temperature has been reduced to 99½°, as there will be a further fall after it has been stopped.

Progress of Medical Science.

ILLUMINATION OF THE CAVITIES OF THE BODY BY A NEW INSTRUMENT—NITSCHE.

Translated from the German by A. Osterday, M.D.

Not a little sensation is at present excited in su r gical circles by the invention of new illuminating apparatus, by which the surgeon is enabled to illuminate all cavities of the body accessible from the outside, as the bladder, rectum, stomach, etc., and inspect in such a manner that he may obtain a precise view of the internal condition of the illuminated cavities. Repeated experiments made by Prof. Dittel, in the presence of eminent surgeons, on living subjects, have proved the extraordinary merits of the inven - tion. Hitherto this apparatus has been used for illumination of bladder, urethra and rectum, and has proved itself most excellent. One may see in the illuminated bladder the smallest piece of gravel, the smallest injected vessel. The operator has not to depend on his manipulations and his sense of touch; if he seeks for stone in the bladder, or treats any other vesical disorder, he will simply inspect and then be sure what the matter is. Suffice it to say that the stomach-illuminating apparatus will soon

have reached completion; its success seems to be assured. The inventor, a Saxon physician, Dr. Nitsche, has been working now for three years in perfecting his idea, and there seems to be no more doubt that he will be perfectly successful. The principle on which these new instruments are constructed differs from the old endoscopes in this, that the light is not thrown by a reflector from the outside into these cavities, but the light source itself is introduced by the instrument into these cavities, to the very spot intended to be inspected. The light source consists of thin platina wire, made and kept white hot by galvanism. To prevent the instrument from growing warm by the glowing wire, a constant circulation of cold water around the wire is kept up. The arrangement of the water circulation and wire is different, according to the anatomical differences of the several organs, but always so that a perfect and equal cooling of the instrument is produced. In this manner we are enabled to illuminate the different cavities with a degree of intensity that has never been reached before. By use of a special optical apparatus, we are further enabled to considerably enlarge the field of inspection, *i. e.*, it is then possible, through long and narrow tubes, to survey with one glance a large area, as by the use of this apparatus a six to nine centimeter (2½ to 3½ inch) area of the walls of the bladder may be surveyed with the greatest distinctness without moving the instrument.—*Wiener Med. Woche No.* 18, *May*, 1879.

A MEANS OF LOWERING THE GENERAL TEMPERATURE.

Mr. Spencer Wells, in his lecture on the diagnosis and treatment of abdominal tumors, states that as a means of lowering temperature in cases when it has risen after ovariotomy, he has tried aconite in small doses, quinine in large doses, salicylic acid in the form of salicylate of soda, in fact, almost every medicine that has been suggested as effecting this purpose, but all these trials have ended in disappointment. He has, however, succeeded distinctly in lowering temperature and in keeping it low by the application of ice or iced water to the head. The first trials were made after a suggestion of Dr. Richardson, by putting an ice-bag round the neck. Dr. Richardson believed that by icing blood that went through the carotids to the brain, and blood that came back through the jugulars, we should directly lower the temperature of the brain itself; and probably it may have been done experimentally, but in practice it was not found easy to do. It was difficult to keep any kind of cravat or collar that was tried, filled with ice, round the neck of the patient; it slipped off; and the old India-rubber bag or ice helmet, so well-known in lunatic asylums, had to be resorted to. After a time Mr. Thornton combined a particular form of cap which answers the purpose extremely well. A pail of water with a large lump of ice in it is placed above the bed of the patient, and the stream of iced water runs through the cap, which is formed of a coil of India-rubber tubing lined with linen. That is placed upon the patient's head, and it is made of different sizes and shapes to fit the patient; the other extremity of the tube is put into a second pail at the side of the bed, and by this means the head is iced. The effect in lowering temperature is very marked, the thermometer in almost all instances indicating a fall of temperature within an hour. If the temperature be rising it is checked, and if very high it can be lowered, and so time is gained for the recovery of the patient.

LACTOPEPTINE.

We have given Lactopeptine a full and fair trial, both in private practice and in the hospital department of an asylum which is under our medical care. As a digestive it comes nearer the gastric juice (particularly when combined with a little extra hydrochloric acid) than anything we have ever used. Dyspeptics are generally greatly benefited by its use. In vomiting in pregnancy it has relieved three-fourths of the cases in which we have tried it; and in cholera infantum (chronic) it has been of inestimable service in our hands.—*The Southern Clinic, Richmond, Va., November*, 1878.

TREATMENT IN NIGHT-SWEATING OF PHTHISIS.

William Murrell, M.D., M.R.C.P., Lecturer on Practical Physiology at the Westminster Hospital, Assistant Physician to the Royal Hospital for Diseases of the Chest, in London *Practitioner:*

Sweating occurs in phthisis from two causes —weakness and fall of temperature. When the sweating is due to weakness it may occur at any time, day or night, and is excited by apparently trivial causes. The sweating from fever usually occurs at about three or four in the morning, when the temperature is lowest. These two varieties of sweating may and often do co-exist. The greater the weakness of the patient and the greater the diurnal range of temperature the more profuse the sweating. By checking the sweating the strength of the patient is economized, by preventing, as Dr. Fothergill suggests, the loss of the large quantities of salts which escape with the sweat.

I. *Oxide of Zinc in Night-sweat.*—Probably no remedy has been more extensively employed in the treatment of the night-sweating of phthisis than oxide of zinc. The estimation in which it is held will be gathered from the following extract from Williams' work on Consumption: "The medicine we have found to act almost as a specific on night-sweats is the oxide of zinc in doses of two or three grains in the form of a pill at night. This we have given ourselves and seen others give to thou-

sands of patients, and the good results have generally been so prompt and lasting that in few cases has it been necessary to continue it for any lengthened period."

Oxide of zinc has been so long in use that the origin of the treatment is almost lost in obscurity. It appears that as far back as 1837 Dr. Busse, of Berlin, recorded the case of a gentleman who, after taking a scruple of the oxide daily for some months for epilepsy, became cold and shriveled, and his skin like parchment; but this observation attracted but little attention. Some years later the property of drying the skin was noticed by the late Dr. Robert Dickson, of the Hospital for Consumption at Brompton, in some patients to whom he administered it as a general tonic and for diarrhœa, and this led him to give it with a view of checking nocturnal perspirations. Mr. Vertue Edwards, the well-known resident officer at the Brompton Hospital, gave the new remedy an extensive trial in some patients under the care of Dr. John Hutchinson, of spirometer fame, who had temporary charge of the wards. The treatment was then adopted by the late Dr. Theophilus Thompson, who, in a lecture delivered in the spring of 1851, says, "No remedy which I have as yet employed has exercised so uniformly favorable an effect in moderating the perspirations." But he adds, "The preparations of zinc occasionally fail to accomplish the object, and in some instances after succeeding for a time lose their power." Many papers have since been published confirming these facts, but they have thrown no additional light on the subject.

The oxide of zinc is usually given at bed-time in from five to ten-grain doses made up into pill with extract of henbane or conium. The hyoscyamus is said to prevent sickness, and probably exercises an influence allied to that of its more powerful congener, belladonna. The oxide is sometimes given in powder, but in this form is not unlikely to upset the stomach. It must be admitted that even in large doses it not unfrequently fails; some writers say in nearly a third of the cases. I have used it very frequently, but have no notes available for statistical purposes. It is said to check other forms of pathological sweating, as in intermittent fever and acute rheumatism, for example. Sulphate of zinc in two-grain doses will often check the sweating of phthisis, but it has no advantage over the oxide, and is seldom used for this purpose. How the zinc salts act in these cases is not well understood, and our knowledge may be summed up in the vague statement that they are "astringents."

II. *Atropia in Night-sweat.* — Dr. Milner Fothergill, in an interesting article recently published in the *Practitioner*, says: "The most potent of all anhydrotics in my experience is unquestionably belladonna. We are indebted to Dr. Sidney Ringer for our knowledge of this property of belladonna, and the debt we owe him can only be sufficiently estimated by those who have an extensive experience of phthisis, and who give the drug a fair trial. I have no hesitation in saying that the use of this agent completely changes the aspect of many cases of pulmonary phthisis. For the arrest of the exhausting night-perspirations of phthisis belladonna is as potent as digitalis is in giving tone to a feeble heart." Dr. Ringer was led to try the influence of belladonna on sweating from the remarkable power it exhibits of checking the secretion of milk when applied to the breast. Soon after the publication of his papers I made, at his suggestion, some observations with the view of testing the value of hypodermic injections of small quantities of atropia in checking the sweating of phthisis. The drug employed was the sulphate, the dose from $\frac{1}{300}$ to $\frac{1}{100}$ grain. The conclusions were arrived at as the result of experiments made on sixty patients, who were seen at least twice a day, morning and evening.

Age, sex, and temperament in no way influenced the results obtained; the injections were successful in men and women, in young and old.

The presence or absence of fever did not influence the result. In nearly all the cases there was some elevation of temperature; in some it was but little above the normal, while in others it ranged from 102° to 103° F., or even higher.

The beneficial effects of the treatment are not confined to any particular stage of the disease.

The presence or absence of debility does not affect the result; in some cases the patients were in bed, suffering from great prostration, while in others they were well enough to be out of doors the greater part of the day.

The fact of the perspiration having or not having commenced at the time of the injection is of no importance. In a case in which the patient was perspiring very profusely over the whole body an injection was given; in five minutes the perspiration was very much less, and at the end of half an hour his skin was quite dry.

The benefit derived from the injection lasts in most cases for several nights, so that it need not be repeated every day. An injection once a week or once in ten days will often suffice to keep the perspiration in check.

In many cases the effect of the drug is delayed, no benefit being experienced on the first night; but on the second and succeeding nights the sweating is completely checked. The beneficial effects of the drug, when lasting several nights, appear to pass off gradually, the perspiration coming on earlier and earlier every night. Thus it was noticed that $\frac{1}{100}$ grain given

at bed-time would often produce no effect that night; on the next night, no further injection being given, the perspiration would be completely stopped; on the third night the patient would be free from perspiration till five or six in the morning; on the fourth night it would begin at two or three in the morning; while on the fifth and subsequent nights it would be as bad as ever.

It is not essential to give the injection at bed-time; in fact, in some cases when the action of the drug is required on any particular night, the earlier in the day it is given the more likely it is to prove successful. Sometimes too when the drug is given at bed-time partial relief is obtained on that night, while on the second and subsequent nights the full effects of the drug are experienced.

The injection of atropia has been used with success where oxide of zinc, gallic acid, and other drugs have been tried in vain. The $\frac{1}{100}$ grain will often succeed where $\frac{1}{200}$ grain has failed. One injection may completely stop the perspiration; and although the patient remains under observation for some weeks, there is no complaint of its return. These cases are not common, but it not unfrequently happens that after a few injections the perspiration, although not completely stopped, is checked to such an extent as to render further treatment unnecessary. An injection of atropia will often relieve cough when in excess of the amount of expectoration, and thus enable the patient to obtain a good night's rest; but it is not only in this way the perspiration is checked, for night-sweats are benefited when there is not much cough and the patient sleeps well. Patients rarely complain of any unpleasant symptom even when the larger dose is given. Dryness of the throat is a condition so common in sufferers from phthisis that any increase in this symptom, unless very marked, will pass almost unnoticed.

The number of cases in which marked and permanent benefit is not derived even from these small doses does not amount to more than eight or ten per cent. The observations having been made for experimental purposes, the drug was given hypodermically; but in practice it would be found more convenient to give it by mouth in a proportionately larger dose. It may be given in pill, or in solution, or in granules. It is stated by Dr. Aquilla Smith that a solution of sulphate of atropia in camphor-water (made with distilled water) will not spoil by long keeping. As to the dose, Dr. Fothergill usually commences with $\frac{1}{75}$ grain by mouth, and increases it to $\frac{1}{25}$ grain. Speaking from a large experience of the drug, he finds that it may be freely used without apprehension as to any serious toxic effects appearing. "Even with $\frac{1}{25}$ grain of atropine the patients," he says, "do not complain much; some dryness of the throat and a little indistinctness of vision being all; while all prefer these to their dreaded sweats. These effects wear off in a day or two after the drug is discontinued or even the dose reduced. I have not yet seen any alarming symptoms produced. This I attribute to the gradual increase of the dose; and I have but little doubt that if $\frac{1}{25}$ grain were given at first many cases would show marked toxic symptoms." Dr. J. M. Williamson mentions a case in which the eightieth of a grain given by mouth produced severe symptoms of poisoning. M. Valpian employs granules each containing half a milligram (about $\frac{1}{130}$ grain).

Atropia will stop other forms of sweating, such as the sweating of acute rheumatism, prolonged suppuration, convalescence, etc. Atropia and belladonna check sweating by a peripheric action on the sweat-glands, but it is not unlikely that they have also a direct central action.

III. *Gallic Acid in Night-sweat.* — Gallic acid is a useful remedy for night-sweating. It is especially indicated where the patient also suffers from slight but frequently recurring hemoptysis or from diarrhea. It is best given in a ten or fifteen-grain dose either at bed-time or three times a day. It is often made into pills with extract of hyoscyamus, the henbane in all probability exerting its own specific influence.

IV. *Quinine in Night-sweat.*—Quinine is another useful remedy. It proves of most avail when there is a considerable rise of temperature at some period of the day. It is frequently given in two-grain doses, but five grains are much more likely to succeed. A large dose (eight or ten grains) administered at once or in portions repeated hourly is a good form. A night-draught composed of quinine, sulphate of zinc, and sulphuric acid is also useful (Ringer). It has been suggested that quinine checks profuse perspiration by depressing the vaso-motor dilating nerves, and so contracting the blood-vessels. This explanation is probably incorrect.

V. *Iron in Night-sweat.* — The different preparations of iron have long been used in the treatment of pathological sweating. Sir Thomas Watson says: "I have frequently succeeded in checking the wasting sweats of phthisis by the tincture of perchloride of iron, given in doses of twenty minims thrice a day, after other expedients had failed me, Steel-wine, the ammonio-citrate of iron, the syrup of its iodide, are all good and eligible forms." Reduced iron made up into five-grain pills often succeeds admirably. In a case recently under observation it stopped the sweating after Dover's powder and oxide of zinc had failed. The patient—a young man—had softening at both apices, and had suffered from profuse night-sweats for six or seven weeks. He took

Dover's powder nightly for five weeks, the dose being gradually increased from one to fifteen grains without any improvement. During the next three weeks he took ten grains of oxide of zinc every night at bed-time, with very little benefit. He was then ordered two five-grain reduced iron pills nightly, and in a week the sweating had almost ceased. The great disadvantages of iron is that in many cases it is not well borne. Too often it increases the cough, occasions headache and heat of skin, and distresses instead of relieving the patient.

VI. *Nitrite of Amyl in Night-sweat.*—I have recently made, at Dr. Ringer's suggestion, some observations on the influence of nitrite of amyl on the night-sweating of phthisis. The patients were seventeen in number, all adults—thirteen men and four women. All stages of the disease were represented; in some cases there was considerable elevation of temperature, while in others the lung mischief was latent. The majority of the patients were seen daily for some weeks, and some were under observation for three months. The medicine was given internally at bed-time, the dose varying from a half to three minims. For convenience of dispensing, a one-in-ten solution in rectified spirit was usually employed, but in some cases the amyl was given in suspension in water or on sugar.

In three out of the seventeen cases no benefit was experienced from the treatment. These patients were all men. One had suffered from profuse perspiration all his life, not only at night, but also in the day-time, and he was covered with moisture on the slightest exertion even in the dead of winter. The amyl was given nightly in minim doses for a fortnight without checking the perspiration in the slightest degree. He had previously been treated unsuccessfully with oxide of zinc, hypodermic injections of atropia, and other drugs. On one occasion he was freely rubbed all over with belladonna liniment till his pupils were fully dilated, but the sweating continued as before. The second was a case of advanced phthisis, in which the amyl was given nightly for a fortnight in doses varying from one to three minims, without benefit; oxide of zinc subsequently failed. In the third unsuccessful case the patient had hemiplegia and tertiary syphilis, in addition to his lung mischief. The amyl was taken in drop-doses for eight nights, and seemed rather to increase than to diminish the amount of perspiration; in this case too oxide of zinc was given without benefit.

In the remaining fourteen cases the treatment was successful. The most striking case was that of a young man who had suffered severely from night-sweating for six weeks. A single dose of the amyl stopped them at once and completely for a fortnight. The perspirations then returned, and a single dose again kept them in check for a fortnight. For a third time this was tried, and with like result. It may have been a mere coincidence, but it certainly appeared to be the result of the treatment. In the majority of cases the treatment was less successful. Usually on the first night little or no benefit was experienced; on the next night the perspiration was less; and it gradually decreased in severity night by night till at the expiration of a fortnight it had nearly if not wholly ceased, and the patient was able to discontinue the medicine. At the expiration of about a week the perspiration would return, and it would be necessary to give the medicine again. One of these patients had renal disease in addition to the lung mischief, and another had frequent hemoptysis. The others were simple cases of phthisis. Most of them were able to take outdoor exercise, but two or three were confined to bed.

Nitrite of amyl is a good remedy for night-sweats, but for promptness of action is decidedly inferior to atropia and other remedies.

VII. *Local Applications for Night-sweat.*—Dr. Druitt finds that in the night-sweats of phthisis sponging with hot water gives relief, especially if the perspiration begin, as it often does, on one special part of the body by preference, as the chest, hands, or feet. By hot water is meant water as hot as can be borne without pain. It may be used by sponging or immersing, and must be continued till the parts treated are hot, red, and tingling with heat—almost scalded in fact. A good wipe with water at 130° is easily borne; for immersion the heat must be less; but the feelings are the only guide. Dr. Druitt also recommends this mode of treatment when there is a general tendency to perspire to a distressing degree in hot weather, the patient being in good health; and also when there is a tendency to distressing perspiration of some particular part, as the axillæ, hands, feet, etc.

Dr. Robinson Hill recommends sponging the chest with salt solution at bed-time. He finds that in many cases it arrests the night-sweats most completely and satisfactorily.

Sponging the chest and limbs at bed-time with aromatic vinegar and water is also useful, but has its disadvantages. Dr. Elliotson speaks well of a mixture of sulphuric acid and water—a drachm to the pint—as a wash.

The application of belladonna is useful for local sweatings, but when the sweating is general the internal administration of atropia is to be preferred.

AGARICUM IN THE NIGHT-SWEATS OF CONSUMPTIVE PATIENTS.

Professor Peter says, in his lectures on the treatment of tuberculosis (*Bull. Gén. de Thérap.*, March 30, 1879), that agaricum is one of the most efficient

drugs for curing the debilitating night-sweats of tuberculosis. The drug is not new; it was first mentioned by De Haen, and Andral experimented with it in the Hôpital de la Pitié. He proved that it has the power of preventing the sweating, and that it may be given in doses of two grammes without provoking any digestive trouble; a dose of three grammes induced an attack of diarrhœa. He used to give it in doses of 20 centigrammes. Trousseau ordered the same dose to be taken two hours before bedtime, and always found it answer very well, except in cases of very great cachexia, where the sweating was much reduced, though not entirely suppressed. Peter gives it in doses of from 20 to 30 centigrammes with good effect. He illustrates its power by several cases in which it has proved efficient, of which we here quote the case of a young man who suffered from consumption, and had very profuse night-sweats. After entering the Pitié, these sweats continued during the daytime also, and the patient was much reduced by them. Twenty centigrammes of agaricus were given him, and the night-sweats disappeared. The treatment was continued, and, six weeks later, the patient had regained flesh, felt much better, and left the hospital.—*London Med. Record*, July 15, 1879.

THE USE OF IRON IN CERTAIN STAGES OF CARDIAC DISEASE, AND THE ADVANTAGE OF COMBINING CHLORIDE OF AMMONIUM WITH IRON.

In a very interesting and instructive paper (*Practitioner*, August, 1879) Dr. T. Grainger Stewart, Prof. of Practice of Physic in the University of Edinburgh, draws attention to two points. First, that in certain cardiac cases, particularly those in which the aortic valves are diseased, a peculiar condition sometimes arises which demands for its treatment large doses of iron. Second, that in some cases, both belonging to the above group and of other kinds, the reception of iron by the system is greatly facilitated if chloride of ammonium be administered along with it.

In illustration of both points he cites the following case:—

Neil McLeod, a seaman, 33 years of age, was admitted to the Royal Infirmary on the 23d October, 1877, complaining of breathlessness on exertion, giddiness, palpitation and pain in the region of the heart. In 1867 he had suffered from rheumatic fever, but was not aware that any cardiac complication had then existed. In 1875 he observed that his strength was failing, that he became breathless on exertion, was apt to cough, and often had passing fits of giddiness. These symptoms rapidly increased, and he soon felt himself unfit for duty.

At different times he was under treatment in the infirmary at Calcutta, and in Greenwich Hospital, and although he made each time a temporary rally, he soon fell back, and on the whole the debility, breathlessness, and pain were gradually increasing.

The exacerbation of illness which led him to seek admission to the infirmary had been induced partly by hard work while employed in a coasting vessel scarcely seaworthy, and partly by intemperance.

On admission his face was pale, his expression anxious, his eyes were somewhat staring, his lips slightly livid. His temperature was normal, and beyond flabbiness of tongue and some feebleness of digestion, there was no disease of the alimentary system. The liver dulness was increased, measuring seven inches in the mammillary line, and the organ was tender on pressure. There was some bulging in the præcordial region. The apex beat of the heart was felt strong and diffused, the area of dulness of the heart was increased. On auscultation in the mitral area, a loud, harsh, systolic bruit was heard, propagated towards the axilla and inferior angle of the scapula. There was also a slight diastolic murmur. In the tricuspid area there was a short systolic murmur and a prolonged diastolic. In the aortic area the first sound was weak and impure, there was also a loud high-pitched diastolic murmur propagated down the sternum to the ensiform cartilage. In the pulmonary area the second sound was accentuated. The pulse was forty-six per minute, weak and compressible, and even in this condition presented something of the water-hammer character, although much less distinctly than it did at a later period in the history of the case. There was no dropsy, and the urine was natural.

There could be little doubt that the valvular lesions had originated in connection with the rheumatic fever, and it was clear that these lesions were incompetence of the aortic and mitral valves, with impairment of the muscular power of the heart. All the other symptoms, the general poverty of blood, the cerebral anæmia, giddiness, and general distress, were secondary to these. The indications for treatment were to obtain rest, to support the strength, and in particular to strengthen the heart and improve the condition of the blood. If these indications could be met, it seemed likely that the symptoms due to anæmia and deficient nutrition of the brain would disappear, and that on their disappearance the patient would be comparatively well. With the view of meeting the first indication, the patient was directed to remain in bed; the second, food rich in nitrogen, and in quantities small at a time but frequently repeated, was ordered; and the third, perchloride of iron in full doses was prescribed. At first twenty minims of the tincture were given three times a day, but the doses were gradually given more frequently until he was taking five or six in the twenty-four hours. It was at once apparent that these measures were doing good. The pallor became less marked, the giddiness and headache less troublesome. But some functional derangement of the stomach and liver set in, the tongue became furred, the appetite impaired, the liver somewhat more enlarged from increased congestion, and the headache became again more severe; the patient's condition thus continued to be manifestly perilous. In these circumstances, instead of abandoning perchloride of

iron, I added to it chloride of ammonium in doses of half a grain to each minim of the tincture. This was followed by the best results, for the gastric and hepatic symptoms rapidly disappeared, and for a considerable time the patient went on taking the mixture six times a day, so that he used two drachms of the tincture of perchloride of iron daily, without exhibiting the slightest sign of gastric or hepatic disturbance.

As a result of this treatment, to quote the words of Mr. Henry Handford, M.B., the clinical clerk, "a gradual but marked improvement in his general condition took place. His face lost its anxious expression, the palpitations became less distressing, the action of the heart less tumultuous, although still not quite regular. The pulse became much stronger and more frequent—seventy in the minute—and more characteristic of aortic regurgitation. The aortic diastolic murmur became less loud, but nevertheless was quite distinct. The mitral symptoms remained unaltered. The congestion of the liver was not so great, as shown by a decrease in the vertical dulness. The transverse dulness of the heart was unaltered." It may be added that the pallor and the signs of cerebral anæmia became less marked, and the patient left the infirmary in a condition which enabled him to resume his occupation.

This case afforded an example of a condition by no means uncommon, but of which Dr. Stewart has been unable to find a satisfactory description in books. The first glance at the patient leads one to notice the pallor, the very anxious expression, the restlessness, the pale lividity of the lips, the throbbing of the carotids, and perhaps of the temporal arteries; whilst the patient complains of giddiness, perhaps of headache, certainly of breathlessness, and of a debility that amounts at times to faintness. He is somewhat relieved by food, and unless there is some dropsical effusion to prevent it, he is easier in the recumbent position. But he obtains very little sleep. The explanation of his various symptoms is readily found. The pallor and the head symptoms are due in part to anæmic deterioration of the blood and partly to imperfect filling of the arteries supplying the face and brain. The throbbing is due to the ill-filled condition of the arteries, contrasting with their sudden temporary filling during the ventricular systole; while the breathlessness and the lividity are connected with the dilatation and the partial failure of the heart's action. Sometimes the distress is aggravated by the existence of dropsical effusion, and it seems to be specially severe when the pericardium is its seat. Such cases sometimes prove rapidly fatal by sudden syncope, and sometimes death follows upon a long agony, characterized mainly by symptoms of cerebral anæmia. These cases do not seem ever to recover spontaneously.

Treatment by the administration of cardiac tonics, and especially of iron, leads in many cases to decided improvement. The form which Dr. Stewart finds best is the tincture of perchloride, but it must be given in large quantity. He has gradually been led to give it in larger doses; sometimes even to the amount of twenty minims every two hours, more frequently every four hours, continuing its use for days together. In many cases the patients speedily experience relief, and before long there is manifest improvement. As in the patient whose history is given, they are enabled after a time to leave the hospital and return to work.

But there is great difficulty in carrying out this plan of treatment from the gastric and hepatic derangement which so frequently follows upon the use of iron. During the past two years Dr. Stewart has sought to meet this difficulty by combining chloride of ammonium with the iron, according to the suggestion of a medical officer of the Indian service, to the members of which we are so much indebted for our knowledge of the value of that salt in hepatic affections. During that time he has repeatedly been thus enabled to administer iron in large doses in combination with chloride, to patients who otherwise could scarcely have used iron. It will be observed that in the case now recorded, the iron speedily led to dyspeptic symptoms, so that it was impossible to persevere with its use. But the addition of the chloride both relieved the existing dyspepsia and enabled us to continue to administer the iron in large doses, and for a considerable time. So far as he can judge, iron is the only remedy which could have saved the life of the patient at the time, and but for this effect of the chloride of ammonium, he does not know how he could have administered iron so freely as to suffice.

But the combination of perchloride of iron and chloride of ammonium is useful not in cardiac cases only.

Dr. Stewart narrates two cases, of which notes have been given him by his friend, Dr. James Ritchie.

A lady, aged 62, suffering from carcinoma uteri, had frequent attacks of metrorrhagia which had produced profound anæmia. The tincture of perchloride of iron was prescribed, but it produced so much gastric irritation that it had to be discontinued. After the stomach had recovered she was again ordered tincture of perchloride, with the addition of ten grains of the chloride of ammonium to every twenty minims of the tincture. This mixture was well received by the stomach, and was continued for some weeks without the slightest disturbance of digestion.

Again, a boy of 13, of feeble and rather strumous constitution, suffered from sore throat, gastro-intestinal disturbance, headache, giddiness, and almost daily epistaxis. The liver was enlarged so as to extend down nearly to the umbilicus, was tender, and had an uneven surface. The spleen also was enlarged, and projected three inches beyond the costal cartilages. Microscopic examination of the blood showed marked increase of the white corpuscles, with great diminution of the red, and an unusual amount of granular material. In this case it seemed highly probable that the iron alone could not be received, and accordingly the combination of iron and chloride was administered. The medicines

were well borne, and speedy improvement of the general condition took place.

TREATMENT OF INFANTILE DIARRHŒA.

At a late meeting of the Medical Society of the County of New York (*Med. Record*, July 26, 1879) Dr. A. Jacobi read an instructive paper on the above subject, from which the following extract is made.

The preventive treatment of diarrhœa, depending on defective alimentation, consisted in so changing and arranging the milk used for babies that the casein would not coagulate in large lumps, and thus become more digestible. That object could be obtained by adding such farinaceous food as did not contain much starch. It consists in diluting the boiled and skimmed milk with barley-water or oatmeal gruel. It must be boiled to check its tendency to become sour, to remove a portion, though small, of its casein and fat, and to expel the gas contained in the raw milk to the amount of three per cent.

Of the two, he preferred barley for general use. He recommended that the barleycorn which was employed for infant diet should be ground as thoroughly as possible in a coffee-mill, both in order to diminish the period necessary for cooking it, and also in order to retain the gluten. *It was even preferable, for very young infants, to cook the barley whole for hours*, thereby to burst the outer layers of cells, empty their contents, and then, by straining, to get rid of the larger part of the starch which was found toward the centre. There was no danger to which little children were so liable as that which arose from their tendency to diarrhœa. His advice, therefore, was to administer barley to children who manifested a tendency to diarrhœa and oatmeal to those having a tendency to constipation, and whenever a change occurred in the intestinal functions, to give one or the other, according as constipation or diarrhœa predominated.

He held that mixture to be the *conditio sine quâ non* of the thorough digestion of the milk. It only would insure the proper nourishment of the infant. With that food alone he had seen children endure the heat of summer without any attack of illness whatever. He had occasion again and again to be convinced of the reliability of the mixture. It had the advantage, too, that it necessitated no dependence upon the honesty or competence of the apothecary or manufacturer, but could be prepared by any one, however poorly situated. Should a slight diarrhœa occur, or a little casein be vomited (a rare accident, to be sure), or casein occur in the stools, then all that was necessary was to diminish the proportion of milk. It might sometimes be necessary, though very seldom, to withdraw the milk entirely for a time, but only in cases of real illness. If the physician or attendants had properly apportioned the ingredients of the mixture, we might be rather sure that the child's digestion and assimilation would be regular and normal. Infants that were partly nourished at the breast almost invariably thrived well with the addition of this mixture. Children, from their fourth or fifth month and upward, might often be fed with it exclusively, and not unfrequently nothing else was given from the day of the birth.

The addition of barley or oatmeal for the purpose of rendering milk digestible was not, however, absolutely indispensable, though he had learned to prefer them, for gum arabic and gelatine were also very valuable ingredients, indeed, of infant foods. Dr. Jacobi then dwelt at some length upon the changes which gum arabic and gelatine undergo when put into the stomach.

Curative Treatment.—The amount of food should not be larger than we had reason to expect could be easily digested. At all events, either lengthen the intervals between the meals or reduce the quantity of food given at one time, or both. When diarrhœa made its appearance in infants who had been weaned, it was desirable to return them to the breast. Those who never had breast-milk might be given the breast if they could be induced to take it, but only rarely would that be found possible. Whenever a child at the breast be taken with diarrhœa, the passages from the bowels should be studied as to their contents. If a certain amount of curd was found in them, the least that was to be done was to mix the breast-milk with barley-water. That might be done in such a manner that, each time before nursing, one or two teaspoonfuls of barley-water was given the child, so that the farinaceous food and the breast-milk mixed in the stomach. Or, it might be found advisable to alternate breast-milk and barley-water. In bad cases, particularly when the milk was found to be white and heavy, and contained a great deal of casein, it would be found necessary to deprive the child *altogether* of its usual food. In such cases, the child would do better on barley-water alone (that to be continued for one or two days), than to expose it to the injury which would certainly follow the continuation of the casein food.

When diarrhœa occurred in children who had been fed alone upon cow's milk, unmixed or mixed, it was necessary to reduce the quantity of cow's milk in the mixture. As a rule, we had to remember that cow's milk alone was apt to produce diarrhœa, and it should be considered as a maxim that, whenever diarrhœa made its appearance, the amount of cow's milk given to the child should be reduced. When a mere reduction of the quantity did not suffice, it was very much better to deprive the child of milk

food altogether. Not infrequently the removal of milk from the bill of fare was the only thing which would restore the child to health. It was possible that a mixture, such as recommended by Dr. Rudish, already mentioned, would be found digestible, even in such cases. In many cases, as a dietetic measure, it would be found advisable to add one or two tablespoonfuls of lime-water to each bottle of food with which the child was supplied.

In those cases in which barley-water did not seem to suffice as a nutriment, or where it would be dangerous to allow children to lose strength, a mixture which he had used to great advantage was the following: Mix the white of one egg with four or six ounces of barley-water, and add a small quantity of table salt and sugar, just sufficient to make the mixture palatable. The child could take this either in large or small quantities, according to the case.

In those cases in which the stomach was irritable, and vomiting had occurred, it was now and then better to give a small quantity, even one or two teaspoonfuls, and repeat the dose every ten, fifteen, or twenty minutes, than to give larger quantities at longer intervals.

In those cases in which the strength of the child has suffered greatly, he recommended the addition of brandy to the mixture in such quantity that the child would take from one drachm to one ounce (grms. 4.0 to 30.0), more or less, in the course of twenty-four hours.

In those extreme cases in which the intestinal catarrh was complicated with gastric catarrh, where the passages were numerous and copious, and vomiting constant, where both medicines and food were rejected, there was frequently but one way to save the patients, and that was to deprive them *absolutely* of everything in the form of either drink or food or medicine. It was true that such babies would suffer greatly from thirst for an hour or two, but it was a fact that, after two or three hours, those children would look better than before the abstemious treatment was commenced. Not infrequently four or five hours of total abstinence would suffice to quiet the stomach and diminish both the secretion and the peristaltic movement of the intestinal tract. In some cases *six* or *eight* hours of complete abstinence would be required; or such children might be starved for even *twelve* or *sixteen* hours, with final good results. The first meals afterward must be quite small, and they would be retained, and, as a rule, such children would subsequently do well.

Dr. Jacobi here enforced the necessity of supplying the patient with as much cool fresh air as possible. The worst out-door air was better than close in-door air. If possible, the children should be sent immediately to the country and into the mountain air.

The second indication consisted in the removal of undigested masses retained in the intestinal tract. Not only in cases in which the diarrhœa had resulted from previous errors in diet of the child, but also in those cases dependent upon sudden changes of temperature and exposure, it was desirable to empty the intestinal tract. For that purpose castor oil, calcined magnesia, or calomel might be used.

Third. Nothing should be given that contained salts in any sort of concentration. Thus, beef-tea should be avoided. It must be remembered that that form of meat-extract contained a very large amount of salts, and that the direct effect of those upon the intestinal canal might be productive of very unpleasant consequences. If the people insisted upon giving it, and there was no special contraindication to its use in a given case, it should be administered only in connection with some well-cooked farinaceous vehicle, and the best of all for that purpose was barley-water; or it might be mixed with beaten white of egg, but no more chloride of sodium should be added. For the main danger in beef-tea was the concentrated form in which its salts were given.

Fourth. Everything should be avoided that increased peristaltic motion. Thus, carbonic acid and ice internally.

Fifth. Avoid whatever threatened to increase the amount of acid in the stomach and intestinal tract. There was so much much acid in the normal, and still more in the abnormal stomach and intestinal tract, that it was absolutely necessary to *neutralize* it. For that purpose it was safer to resort to preparations of calcium than of sodium or magnesium. So far as lime-water was concerned, its administration, certainly, was correct chemically. But we should not place too much reliance upon that popular remedy. We should not forget that it contained about one part of lime to eight hundred of water, and that it was necessary to swallow at least *two* ounces of the fluid in order to obtain a single grain of lime.

A further indication was, *the necessity of destroying ferments.* For that purpose most metallic preparations would do fair service. One which had been extensively used was *calomel*, and now in *small doses* frequently repeated—$\frac{1}{10}$, $\frac{1}{4}$, or $\frac{1}{2}$ a grain every *two* or *three* hours. As to its effect as an antifermentative, there could be no doubt.

Nitrate of silver, when given for the same purpose, should be *largely diluted.* From $\frac{1}{40}$ to $\frac{1}{10}$ of a grain dissolved in a teaspoonful or tablespoonful of water, might be given every *two* or *three* hours, and not infrequently with fair result. That was especially important with regard to injections of nitrate of silver into the rectum, where it was apt to do as much harm as good. Whenever it was to be given in that way, the solution should be mild and largely diluted, or the anus and its neighbourhood should be

washed with salt water before the injection was administered.

Bismuth acted very favourably. Moderate cases of diarrhœa would usually show its effect very soon. Doses of from ½ to 2 or 3 grains, given every *two* or *three* hours, would act very favourably indeed. In those cases in which the diarrhœa had lasted for a long time, the doses of bismuth should be large in order to be certain of immediate contact of the drug with the sore surface.

A final indication was the depression of the hyperæsthesia of the general system and of the intestinal tract in particular. There had been authors who condemned the use of opium altogether, which, certainly, was incorrect. The doses should be *small*, and they might be repeated frequently. Administered in that manner, opium could be used with perfect safety both internally and in an enema. One of the rules for giving opium was that the child should not be waked up for the purpose of taking the medicine. Whenever there was fear of collapse, it was safer to give $\frac{1}{200}$ of a grain every half hour or hour, than to administer $\frac{1}{60}$ of a grain every two hours.

Alcohol.—Small and frequent doses would certainly stimulate the nervous system, digestion, and circulation, and they also stimulated the skin and increased perspiration. Alcohol, given in that manner, certainly arrested fermentation. Moreover, it took the place of food, and acted favourably as food when no solid carbohydrates were tolerated by the intestinal tract. As it was absorbed in the stomach, so did it protect the intestinal tract.

Finally, it is necessary to reduce the amount of secretion taking place from the surface of the intestinal tract. For that purpose astringents might be used, such as alum, lead, tannic acid, pernitrate of iron, and, what had already been spoken of, nitrate of silver. In all those cases in which the stomach participated in the process to any considerable extent, almost any astringent would prove ineffective. To fulfil several indications at the same time, it was often good practice to combine remedies.

The main indications were to neutralize acids, to reduce nervous irritability, to arrest secretion, and to change the condition of the surface of the catarrhal mucous membrane.

For that purpose, in the generality of cases, he combined bismuth, opium, and chalk, according to the following formula: ℞. Bismuth subnit., gr. i; Prepared chalk, grs. ij; Dover's powder, gr. ⅓.

That combination was suitable for a baby *ten* or *twelve* months of age, and the dose could be repeated every two hours. In all those cases in which acid was very abundant, it was necessary to increase the doses of antacids without necessarily giving large doses of opium.

Hot bathing was especially serviceable in those cases in which the surface was cool and the temperature of the body, measured in the rectum, was pretty high. To relieve intestinal pain, plain warm fomentations; to relieve heat, cold applications were sufficient.

Camphor stimulated the heart, and reduced temperature, and might be used internally or subcutaneously according to the necessities in the case. For subcutaneous injections it might be dissolved in either oil or alcohol. The effect derived from camphor as a stimulant was not permanent, but very much more so than that produced by carbonate of ammonia. The dose might be from ¼ to ½ a grain every hour or two, when only a moderate stimulation was required. In urgent cases it might be given in doses of from *five* to *ten* grains in the course of an hour, and usually the effect would be favourable. It was, however, only in cases in which real collapse was present that doses of five or ten grains would be required.

There was no remedy that would act more favourably in conditions of great debility and collapse than *musk*. It might be given in doses of five or ten grains, and repeated every half hour or hour. More than two or three such doses would not be required to yield a result.

THE USES OF THE HOT-WATER DOUCHE IN PARTURITION.

Dr. Albert H. Smith, in a paper read before the Philadelphia County Medical Society (*Phila. Med. Times*, Aug. 16, 1879), claims as facts proven by experience that the hot-water douche (110° to 115°) thrown upon the cervix uteri or the rim of the undilated os will stimulate contraction of the longitudinal and oblique muscular fibres of the uterus into an expulsive effort, while the circular fibres surrounding the os relax under its influence; 2d, that a similar douche thrown into the cavity of the relaxed and bleeding uterus, after the expulsion of the fœtus or the placenta, will produce prompt and vigorous condensation of the uterine walls, with an immediate closure of the sinuses; and, 3d, that a like application to a bleeding surface from laceration in the passage of the child through the pelvic canal will arrest the hemorrhage at any point, whether it be from a tear of the circular artery in the cervix, or from rupture of the vascular tissues upon the anterior margin of the vulva about the vestibule, or from the furrows upon the posterior wall and the labia.

Dr. Smith has found the application to the cervix of the hot douche thoroughly and rapidly effectual in the first stage of normal labour at full time, almost equally rapid in a rigid condition in an accidental premature labour, and more slowly—though with ultimate effect,—in the induction of labour in a quiescent uterus. The method of application is simple. The pa-

tient should lie upon her back, with a bed-pan placed far under her sacrum, so that there should be no danger of the water getting upon her clothing.

The injection should be thrown into the vagina with a syringe with a rubber tube and metal nozzle with a large hole in the end, and Dr. Smith prefers the Davidson bulb-syringe, as the stream can be driven with more force, and with the intermittent action necessary with that instrument. A quart to three pints of water medicated with ʒij of 90 per cent. solution of carbolic acid, or ʒss of Labarraque's solution should be thrown into the vagina. The pipe being directed *against* the cervix, not into it. The douche may be repeated every hour or two, according to the demands of the case, or the violence of its results.

The condition in which we get the most signal effects from the douche is that of uterine inertia after the placenta delivery, and in this condition Dr. Smith is inclined to think that we have an absolutely reliable agent to control bleeding—an agent which may reduce the terrors of post-partum hemorrhage, and make its fatal termination an almost impossible event if applied at any time while power of reaction is not entirely exhausted.

The nozzle should be carried on the index finger into the vagina, while the opposite hand grasps firmly the uterine globe. The fingers in the vagina may be moved about freely to break up clots rapidly, there being sometimes a complete distension of the vagina with firm, hard coagula. The stream is kept up continuously, washing out as fast as the clots are loosened; the nozzle is to be carried to the os uteri, and directed into the orifice. If the coagula in the uterus are loose and not abundant, the force of the stream may be sufficient without carrying the finger into the uterine cavity; but if the hemorrhage has been great, and the uterus largely distended, it is better boldly to introduce the pipe, guarded by the finger, and moving it around gently, let it, with the aid of the stream, detach from the intra-uterine surface all shreds of membrane or small coagula which may be found adherent to the surface, and which, if not removed, will act as centres of coagulation. While this is going on, the hand upon the uterine tumour feels it steadily and, generally, instantly contracting, condensing itself into a firm, hard mass, receding completely into the pelvic cavity below the brim. The water passing from the vulva is soon observed to be free from colour, and the hemorrhage is arrested. A uterus after such accident ought to be carefully watched and compressed in the hand of the accoucheur or of an assistant until all probability of secondary relaxation is over.

Finding the use of the douche so successful in controlling hemorrhage, it has naturally followed to adopt it as a preventive, and for nearly two years past Dr. Smith has been resorting to its use habitually (or at least wherever at all easily practicable) in every case of labour. The apparatus is made ready during the latter stages of labour, and, so soon as the placenta is delivered, the douche is administered precisely as just directed for the relief of hemorrhage, except that it will rarely be necessary to carry the finger and the pipe farther than to the os uteri (the *internal* os, the external os, and cervical cavity being expanded at this stage). The vagina is thus cleansed and disinfected by the water—medicated as before—the clots are washed from the lower segment of the uterus, and the organ stimulated to contract—which it does firmly, rarely showing a disposition to relax, and often remaining low down in the pelvic cavity below the brim for twenty-four hours; and in no case so far, where satisfactorily done, has any flooding occurred after it. After-pains are diminished greatly, and the lochia but slightly abundant.

As to any danger from the absorption of the carbolized solution, it seems almost impossible, where the outlet of the uterus is so patulous as it is after labour, that any fluid could be retained in its cavity long enough to be absorbed; but the recent statements of so reliable an authority as Fritsch, that serious consequences have followed its use in some cases, would make it desirable that every precaution should be taken against such retention.

ADVANCES IN PHARMACY.

By Wm. H. Taylor, M.D., Richmond, Va., Reporter to the State Medical Society.

(Continued from our last.)

Pharmaceutical Uses of Milk Sugar.—In some parts of Europe it is customary to keep many poisonous articles triturated to a uniform powder with milk sugar, and many salts in solution of a definite strength (Maisch). Mr. Walter E. Bibby suggests this praiseworthy use of milk sugar for this country. He recommends that trituration of the poisons in common use be made of such a strength that each grain of the trituration shall represent a certain quantity of the poison—in the proportion, say, of one grain of the poisonous substance to seven grains of sugar of milk, making in all eight grains, the whole to be most completely and thoroughly triturated. He prefers sugar of milk to any other diluent, because of its hard, gritty, odorless, almost tasteless and but slightly hygroscopic character. The great advantage of this method is in the facility which it affords for the very accurate weighing of small quantities of active medicines. Mr. Bibby also, extending Mr. J. C. Biddle's plan of incorporating milk sugar with powdered squill to prevent it from

caring, has applied it with great satisfaction to a large number of the gum-resins which are often required in the state of powder. He recommends either three parts of the gum-resin to one of milk sugar, or two of the former to one of the latter—the powder to be preserved in a well-stoppered bottle. For guaiac resin and squill, he uses nine parts to one of milk sugar. In this proportion (nine to one) he likewise finds that it retains camphor in powder better than any substance he has tried. He has also experimented with it in the manufacture of mercurial pill and mercury-with-chalk, and expresses entire satisfaction with his results.

Solution of Salicylic Acid.—The rather sparing solubility of salicylic acid is a considerable impediment to the employment of this agent, the use of which is so rapidly extending in so many directions. Many formulæ have been proposed for promoting its solubility, and from them we select the following: ℞ Phosphate of sodium or ammonium, 2 or 3 parts; water, 50 parts; salicylic acid, 1 part. ℞ Glycerine, 12 ounces; borax, 2 ounces; salicylic acid, 1 ounce. ℞ Spirits of nitre, 4 drachms; syrup of tolu, 1 ounce; salicylic acid, 5 grains. ℞ Sulphite of sodium, 2 parts; water, 50 parts; salicylic acid, 1 part. ℞ Alcohol, 4 drachms; water, 3 drachms; glycerine, 1 drachm; salicylic acid, 4 grains. ℞ Solution of acetate of ammonium, 1 ounce; salicylic acid, 16 grains. The following remarks of Mr. Chas. Becker are of value in this connection:

"The addition of the phosphate of ammonium or sodium has been recommended to increase the solubility of salicylic acid in water; but these agents really amount to but very little, as a solvent of one part of the acid in three of either phosphate, and fifty parts (by weight) of water, throws down a precipitate in less than twenty-four hours. An addition of two parts of sulphite of sodium to one of salicylic acid, in fifty parts of water, precipitates in a few hours. Borax, in the proportion of two parts to one of salicylic acid and fifty of water, precipitates slightly after twenty-four hours; a solution of one part each of salicylic acid and borax in five parts of glycerine and twenty-five of water is permanent; while the same proportion of borax, acid, and glycerine in fifty parts of water will precipitate after twenty-four hours. A solution of one part of acid to two of borax in twelve parts of glycerine, made with heat, is permanent; but when one part of this solution is diluted with three parts of water, which makes it two parts of salicylic acid, four of borax, twenty-four of glycerine, and ninety of water, a cloudiness appears in a few hours. One part of salicylic aid with one part of water of ammonia (20°) forms, with ten parts of water, a permanent solution; this has a light-brownish color, a very faint odor of ammonia, a very distinct, sweet taste of the acid, and a slight acid reaction on litmus paper. Salicylic acid is soluble in ten times its weight of dilute alcohol at a temperature of about 80° F., in one and a half times its weight of alcohol (0.835 sp. gr.), and in twice its weight of sulphuric ether. It is nearly insoluble in cold oil of turpentine, but hot turpentine dissolves about five per cent. of its weight. Its alcoholic solution has a decided acid reaction on litmus paper. An addition of one-fifth of one per cent. of salicylic acid to aqueous infusions will preserve them for weeks, and the same proportion added to syrups made with fruit juices, while it will not arrest fermentation after such has set in, it will prevent the same. The acid used in the above experiments was of Schering's make, and perfectly white and inodorous. When one part of salicylic acid and two parts of olive oil are heated together, they form a homogeneous mixture admirably adapted for application to surfaces. The oil will separate to some extent on standing for a time, but agitation will easily combine it again."

Compressed Pills.—An old method of making pills by simple compression of the materials, without an incipient, has been revived, and is considered to be very advantageously applied to certain substances.

Cachet de Pain.—These envelopes of bread for the tasteless administration of medicinal powders are prepared by enclosing the substance between two concave wafers, one of which is slightly moistened, and which are then caused to adhere by means of an appropriate press. Their preparation requires some little skill; but when this has been obtained they can be made very rapidly, and are very satisfactory both to physician and pharmacist. The approved method of taking them is with a spoonful of water, in which the cachet has been allowed to soak for a few seconds till it has become soft.

Solubility of Coated Pills.—To determine the relative solubility of coated pills, Prof. J. P. Remington has experimented with pills exposed in acid, alkaline and plain water, and in water containing digestive material, and infers that the order of solubility is uncoated pills, sugar coated, compressed, and gelatine coated. Mr. Samuel Campbell objects to Prof. Remington's manner of experimenting, as indicating rather facility of disintegration and not solubility. His own experiments with a solvent corresponding to the gastric juice indicate that compressed pills are most soluble, the pills of the U. S. Pharmacopœia coming next, then the sugar coated, and lastly the gelatine coated. Prof. Remington, replying, maintains that his conclusions are correctly deduced. His results also show that the cachet de pain is superior to any method of coating, in point of permitting the medicine to dissolve or digest readily.

Disguising the Taste of Cod Liver Oil.—Chloroform is highly recommended, in the proportion of one fluid drachm to one pint, to remove the unpleasant taste of cod liver oil. It is also recommended for the same purpose as an addition to bitter tinctures and mixtures.

Disguising the Taste of Castor Oil.—A modification of the old and favorite mode of administering castor oil in orange juice is offered by Potain. He directs that the juice of half an orange be squeezed into a glass, and after carefully pouring the oil upon this, to add the juice of the other half of the orange, so as to enclose the oil. If pains be taken to avoid mixing the layers, the combination can be swallowed, it is said, without the least perception of the flavor of the oil.

(To be continued.)

INCONTINENCE AND RETENTION OF URINE IN CHILDREN.

Mr. Teevan, in a paper read before the Harveian Society, says that the great point is to make out the diagnosis, for unless this is done all treatment is simply empirical. A physical examination should be made in all cases. Mr. Teevan says,—

The surgical causes that may give rise to incontinence are—1, rectal complaints, such as piles, fistula, excoriations; 2, ascarides; 3, a tight foreskin; 4, congenital insufficiency of the external urethral orifice; 5, a calculus impacted in the urethra. The above are fertile causes of the complaint, and all remediable. All of them set up and keep up irritation, and produce incontinence by reflex action. Probably of all the above causes the fourth and fifth are but little suspected of giving rise to trouble. A tight foreskin is a common cause of complaint, and I always advocate its removal, as it is usually followed by the best results. It is well known that the meatus externus is the narrowest part of the urethra, but the relation of its size to the rest of the canal is perhaps not so much attended to as it ought to be. There is a general belief to the effect that so long as there is a hole it suffices for micturition. This, however, is erroneous. If the relation of the calibre of the external orifice to the general urethra be disproportionate, the result is that the urine cannot escape as fast as it ought to do, and irritation is set up in the peripheral extremity of the nerve, which disturbs the vesical centres. For instance, if a boy of twelve or fourteen years of age have a meatus that will only admit a No. 3 catheter, and be suffering from incontinence, we ought at once to suspect that the local obstruction is the cause. Now as regards the last cause of incontinence,—a stone impacted in the urethra. If I could not discover anything wrong with the rectum or urethral orifice, I would pass a very slender sound, having a beak only half an inch long, to ascertain if there were any stone impacted in the urethra. It is not generally known that a stone in the urethra may give rise to incontinence or retention, according to where it may be situated. If the calculus has only just entered the meatus internus, it will be firmly and accurately embraced by the sphincter, so that no urine can escape along the sinuosities in the stone. If, however, the stone advance half an inch further, incontinence will be the result, for the calculus will then act as a gag, and prevent the sphincter from closing, and the urine will dribble away along the sinuosities of the stone. For a knowledge of this fact I am indebted to Civiale's works; and in several cases of incontinence it has enabled me to detect a stone impacted in the urethra. It might be at first sight imagined that if a calculus be impacted in a boy's urethra it would give rise to great pain and discomfort, but this is not so. As the urine dribbles away, the stone may cause but little annoyance; indeed, I have known patients who have had calculi impacted in their urethræ for years without being aware of it, so little discomfort was there caused. Therefore it would be well not to be misled by the quiescence of the parts. In cases of incontinence where a surgical cause cannot be elucidated, I have found belladonna most useful where the complaint was only nocturnal, as also Sir D. Corrigan's plan of sealing the meatus externus with collodion at bedtime. Strychnia is indicated where the incontinence is diurnal as well as nocturnal. Blistering and an exclusively milk diet must not be lost sight of. If all means fail, the application of a mild solution of nitrate of silver to the neck of the bladder is justifiable.

Retention of urine in children is usually due to one of three causes: 1, congenital contraction of the meatus externus; 2, phimosis; 3, stone. The first two causes can be at once determined by ocular inspection. As regards calculus, Mr. Teevan says: It may appear to some that it is easier to discover a calculus in a child when its bladder was full rather than empty; this, however is not so. If a stone cause retention, it must be a very small one, and will, therefore, be found lying at the neck of the bladder, and will be struck as the sound enters that organ. If the bladder be examined when distended, the surgeon will have to grope about after the calculus, and perhaps not find it. If, on the other hand, he sound the patient when his bladder is empty, the stone will be brought to him. Extreme care should be used in sounding children for stone, as peritonitis readily supervenes on too rough handling.—*Lancet*, May 24, 1879.

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NEW KYMOGRAPH,

At the meeting of the Medico-Chirurgical Society of Montreal, held on the 31st October last, Dr. Wilkins, professor of Pathology, and lecturer on Practical Physiology, Bishops College, Montreal, gave a demonstration of the cardio-inhibitory influence of the pneumogastric nerve by means of experiments on the rabbit, using a Kymograph of an entirely new form. The manometer used was the ordinary mercurial manometer, but the recording apparatus, instead of being cylindrical, as in all other Kymographs, is a plate of smoked opal glass 36 inches long by 8 inches wide, fixed in a frame having small wheels, which run along a wire track when a tracing is tobe taken: behind this glass, which is smoked, three or four paraffine lamps are placed which show the tracing remarkably well as the glass passes in front of the pens in use. The motor power is a small water engine, which at the same time works a bellows for artificial respiration in animals under influence of curare, the rate of speed of which is regulated with thd greatest ease. The engine is not in direct connection with the recording apparatus. Motion is transmitted from it by means of a small leather belt to a small shaft having a moveable iron drum, around which a silk-covered copper wire rotates; this wire draws the recording glass. By means of a set of levers the drum is instantly connected or disconnected with the rotating shaft. Any one in a room capable of containthree or our hundred could distinctly see the tracings. At the Society the engine was on same table with the other apparatus, but can equally well be placed under the table out of the road, or as fitted in Dr. Wilkins' Laboratory immediately over the sink, power being transmitted to small pulley wheels close to the ceiling immediately above, then along the ceiling to place directly above recording apparatus, then down from ceiling to shaft having iron drum in stand on table.

The artificial respiration apparatus is also placed out of the way on a shelf close to ceiling, air being conveyed from bellows by means of rubber tubing. This apparatus can be used with equal facility in demonstrating the rapidity of nerve influence.

Tracings are quite as distinctly seen by day or by night merely by having it placed directly in front of a widow.

The Kymograph used by Dr. Wilkins during the last five years in demonstrations at Bishops College is the same as that in use at University College, London, and other Physiological Laboratories, but only a very limited number can see the demonstrations, but for purposes of class demonstration the new one is very much superior. After the completion of some further improvements which are being made by Dr. Wilkins a complete detailed description of the apparatus will be published.

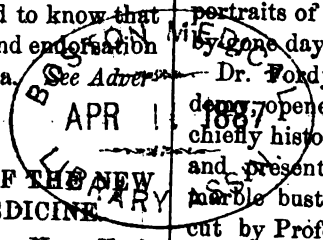
The *Metal Worker*, published in New York, takes to task rather severely Mr. Mackelcan's criticism on Mr. Hughes' (of Montreal) pamphlet. We must confess the *Metal Worker* has some show of reason on his side. To criticise an article, in order to allow the reader to understand the full value of the criticism, full sentences should be given in quotation, and not fragments, as otherwise the meaning the author intended to ocnvey is distorted.

Mr. Hughes has had a great deal of experience in sanitary matters connected with the drainage and plumbing work of houses, and anything coming from him deserves respectful consideration.

It is only by a fair and thoughtful criticism of each other's experience and opinions that progress can be made in scientific matters.

TROMMER EXTRACT OF MALT.

Through erroneous classification by the customs, resulting in a charge of 50 per cent. duty upon this article, the profession stood for a time in danger of being deprived of this valuable agent for general use, as the duty named would have placed the remedy beyond reach of patients of small means. We have, therefore, much pleasure in announcing that it has now been correctly classed for duty, and that the price will remain as formerly. Recognizing the Trommer Extract as the standard in this class of therapeutic agents, we are glad to know that it has received the countenance and endorsation of the whole profession in Canada. *See Advertisement, pp. 3 and 7.*



THE NEW LIBRARY HALL OF THE NEW YORK ACADEMY OF MEDICINE.

The new Library Hall of the New York Academy of Medicine, No. 12 West Thirty-First Street, was formally dedicated on the evening of October 2d, in the presence of a large audience. The new hall measures 28 feet in width by 50 feet in length, and is two stories in height. It forms an extension to the building which was purchased by the Society some four years ago, at a cost of $42,500, and which they have already found to be too small for their purposes. The entire lot of 128 feet in depth is now covered by the combined structures. The first floor of the hall has been fitted up as a lecture room, and can accommodate 200 persons. The ceiling is lofty, having been carried up to the height of the third floor, a wide gallery extends around all four sides of the room, and communicates with the second floor of the main building through a wide archway, and affords shelf-room for the larger portion of the Academy's library. The most approved methods of ventilation have been adopted. In the centre of the ceiling is a large double skylight, with a space between the upper and lower sashes of about five feet. The lower sash bears the coat of arms of the Society, beautifully finished in coloured glass. Around this lower sash is a space about six inches wide, just beneath which a border of gas jets, sixty-four in number, is placed. By means of this arrangement the room is lighted, and, the flames producing a current of air, the hot, foul air of the room rushes upward and outward through the upper skylight, while its place is supplied by fresh air admitted through ventilators near the floor A black marble tablet set in the wall at the head of the room bears the following inscription in letters of gold: "This hall, the gift of Abram DuBois, M.D., generous benefactor of the New York Academy of Medicine, was erected A.D. 1879."

The walls of the hall were adorned with a very valuable and interesting loan collection of portraits of local medical celebrities, mostly of bygone days.

Dr. Fordyce Barker, President of the Academy, opened the proceedings with an address, chiefly historical, and in conclusion he unveiled and presented to the Academy a beautiful marble bust of Mr. Spencer Wells, which was cut by Professor Liebreich, the distinguished London ophthalmologist, and was greatly admired at the last exhibition of the Royal Academy. Addresses were also made by Prof. Acland, of the University of Oxford; by Prof. Gross, of Philadelphia; Dr. Billings, U. S. A., Librarian of the National Medical Library; Dr. Shattuck, of Boston; Dr. Willard Parker and Dr. Austin Flint, of New York.

MEDICAL ITEMS.

Dr. Perrigo, Montreal, reports a case of a man's penis being burnt with sulphuric acid. The act was done by his wife through a fit of jealousy, and she took the opportunity of doing it when he was asleep. The poor fellow is suffering a great deal of pain.

REVIEWS.

A Treatise on Hygiene and Public Health. Edited by ALBERT H. BUCK, M.D., American editor of Ziemssen's Cyclopœdia of the Practice of Medicine; Instructor in Otology in the College of Physicians and Surgeons, New York; Aural Surgeon to the New York Eye and Ear Infirmary. Volumes I. and II. New York, William Wood & Co. Montreal, John M. O'Loughlin, St. James street.

The importance of the subject treated in these two volumes can hardly be over-estimated, and

the rapidity with which this importance is being recognized is proved by their appearance. A comparatively few years ago we have no hesitation in saying a publishing house could with difficulty have been found willing to undertake the financial risk which their publication would entail. And why? Simply because the importance of the subject of hygiene was not understood. It is a somewhat singular fact that, valuable and inestimable a blessing as health is admitted to be, too little attention is given to its preservation. With eyes wide open, and the warning cry reverberating from our tympanum, we often expose ourselves to influences, conditions and situations which are of the most baneful character, till at last we are ready to exclaim,—we did not realize the blessings of health till they were gone. Then, again, it is very hard for the great mass of the people to understand why the loss of every man means a direct financial loss to the country. They can appreciate how his family or his relatives, dependent upon him, should suffer financially from his death, but why the city, town, or parish should in like manner suffer passes the comprehension of the majority. And yet, till this simple problem is understood and appreciated, the public, as represented by the mass, will never look upon hygiene with the favor which is its due. The accomplishment of this end may not come for years, but that it will come in time we most surely believe. Within the last ten years much has been done by the educated class in studying this subject, and already we fancy we see the influence which they exert upon the masses,—showing itself in the attention which builders and plumbers are paying to the question of drainage. All this is a good augury: the ball has commenced to move, may it gain size and force as it proceeds. So much for the general subject of hygiene, to which the two volumes before us are devoted. Their size, over 600 pages each, has of course precluded the possibility of our reading them through since they have been received. We have, however, read several of the chapters, with much pleasure and profit. The style of the work is somewhat different to what perhaps might be inferred from the title-page. It is not a huge work, the work of one man, but consists of a series of papers upon almost every hygienic subject, written by men of eminence in the United States, who have devoted much time and thought to their study. The introduction to volume I, is from the pen of J. S. Billings, U. S. Army, and comprises prefatory remarks, Cause of Disease, Jurisprudence of Hygiene. Part I. is on Individual Hygiene, and comprises the following papers:—1. Infant Hygiene, by A. Jacobi, M.D., of New York; 2. Food and Drink, by James Tyson, M.D., of Philadelphia; 3. On Drinking Water, and Public Water Supplies, by Professor Wm. Ripley Nichols, of Boston; 4. Physical Exercise, by A. Brayton Ball, M.D., of New York; 5. The Care of the Person, by Arthur Van Harlingen, M.D., of Philadelphia; 6. Soil and Water, by Wm. H. Furd, M.D., of Philadelphia; 7. The Atmosphere, by D. F. Lincoln, M.D., of Boston; 8. General Principles of Hospital Construction, by Francis H. Brown, M.D., of Boston. All these papers are evidently of the very highest possible order of merit, and merit a careful and thoughtful perusal. Volume II. contains also a large number of papers, also written by eminent men. They are as follows:—1. Hygiene of Occupation, by Roger F. Tracey, M.D., of the Board of Health, New York; 2. Hygiene of Camps, by Charles Smart, U. S. Army; 3. Hygiene of the Naval and Merchant Marine, by Thos. J. Turner, M.D., medical director U. S. Navy; 4. Hygiene of Coal Mines, by Henry C. Sheafer, coal editor of the *Miners' Journal;* 5. Infant Mortality (an important contribution), Vital Statistics, by T. B. Curtis, M.D., Boston; 6. Adulteration of Food, by S. P. Sharples, chemist, inspector of milk for the city of Cambridge, Mass.; 7. Public Nuisances, by R. S. Tracey, M.D., New York; 8. Quarantine (with reference to seaport towns only), by S. Oakley Vanderpool, M.D., health officer of New York; 9. Small-Pox, and other Contagious Diseases, by Allan McLane Hamilton, M.D., New York, and B. McE. Emmett, M.D., New York; 10. The Hygiene of Syphilis, by F. R. Sturgis, M.D., New York; 11. Disinfectants, by Elwyn Waller, Ph.D., New York; 12. Village Sanitary Associations, by R. S. Tracey, M.D., New York; 13. School Hygiene (an important paper), by D. F. Lincoln, M.D., Boston. These two volumes are issued in the same style as has been the volume of Ziemssen's Cyclopœdia of the Practice of Medicine, and they are intended as a substitute to volume I. of that work, which is devoted to hygiene, but from a stand-

point so thoroughly German that it was deemed better not to issue it. We have no hesitation in commending this view, and in recommending to the profession and to the educated public Dr. Buck's work. It is a credit to its editor, as well as to the enterprising publishing house which has produced it.

Transactions of the Thirty-Fourth Annual Meeting of the Ohio State Medical Society, 1879. Cott & Hann, publishers, Columbus, O.

This 200 page volume contains an account of proceedings, elections and addresses usually found in society publications. Many of the papers are valuable, having been written by men eminent in the profession; the most important being on Treatment of Consumption, Progress of Surgery, Hog Cholera, Mixed Anæsthesia, Tubercle, Sanitary Laws, Glaucoma, and the Metric System. The work reflects great credit on the Society, as it is well printed and neatly bound in book form. An index would have made it more complete.

The Student's Guide to the Diseases of Women. By A. L. GALABIN, M.D. Lindsay & Blakiston, publishers, Philadelphia. Dawson Bros., Montreal.

This guide contains within its pages the essential portions of gynecological literature condensed, arranged, and illustrated in such a manner as to be of value to the student who cannot find time to consult the larger text books on this subject. The different means employed in making a physical diagnosis are very thoroughly given, only such instruments being mentioned as have been found most useful in examinations. A chapter is inserted on the physiology of normal menstruation, which might as well have been omitted, as it can be found in the text-books to which the student is referred for laceration of the perineum and vesico-vaginal fistula, of which operations the author says nothing. The various malformations of the uterus and vagina are grouped together, and the operations required for their rectification explained. Displacements of the uterus and pelvic viscera receive a large share of attention. To the student this chapter is very valuable, as it so clearly defines the treatment, mechanical and otherwise, which may be adopted for these troublesome disorders so frequently met with, and from the effects of which so many other affections arise. Hypertrophy, atrophy and inflammations of the uterus receive due attention, along with the different morbid growths. A very full description is given of cystic tumors of the ovary and the operation of ovariotomy,—the balance of the book being taken up with various other affections of the pelvic organs. As a book to be carried in the pocket, and read in those moments of detention which country practitioners often experience, this work will be found both interesting and valuable.

A Guide to Surgical Diagnosis. By CHRISTOPHER HEATH, F.R.C.S., Holme, Professor of Clinical Surgery in University College, London; Surgeon to University College Hospital. Philadelphia, Lindsay & Blakiston. Montreal, Dawson Brothers—1879.

The name of Christopher Heath is one familiar to all who have attentively followed English periodical Medical literature, and he has won for himself in the great English metropolis a surgical reputation of which any man might be proud. A clinical teacher for many years, he has had constant opportunity of knowing how students apply the knowledge obtained in the lecture room and from books when put to the practical test of examining patients. This opportunity has shown him that even the best read students have much difficulty in applying promptly the knowledge which they possess. To afford assistance to such is the object of this manual, in which surgical affections are grouped anatomically, and the symptoms of each arranged in the order in which they would be most likely to strike a careful observer. No attempt is made to discuss the pathology or describe the treatment, and the symptoms even are confined to the most salient points. It is a book thoroughly practical in its character.

Anæsthetic Manual. By Lawrence Turnbull, M.D., Ph.G. Philadelphia, Lindsay & Blakiston. Montreal, Dawson Bros.

This capital little work supplies a real want, and should be in the hands of all general practitioners, as, although they may know of the dangers incurred by the careless use of anæsthetics, they may not always be aware of the manner in which to avoid them. The author covers the whole ground very well, and gives impartially, as far as he has been able to collect them,

the fatal accidents that have occurred in the administration of each agent. He states that, from the evidence given, chloroform should only be used in those cases where ether has no effect. It has been our experience to meet with such cases in the practice of one of our leading dentists, and we found great care had to be taken in the administration of the more dangerous agent.

The author is to be commended on his remarks where he says anæsthetics should only be given by an experienced person, and that person, at the same time, should give his whole attention to his duty, and not mind the operation any more than if it were not going on. It has been our misfortune to witness three fatal cases from chloroforming in Europe, in two of which failure of the above duty was, in our opinion, the cause.

This little work is a good class-book for students as well as practitioners. We think medical schools should take more pains to teach their students the different methods of administering these agents, and of the dangers connected with them; as it is now it is merely glossed over in the course of Materia Medica. A few lectures on Anæsthesia would not be out of place in their curriculum.

On Diseases of the Stomach, the Varieties of Dyspepsia, their Diagnosis and Treatment. By S. O. Habershon, M.D., Lond., Senior Physician to,and late Lecturer on the Principles and Practice of Medicine at Guy's Hospital,&c., &c. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Brothers.

This is a work which, from its title, will at once commend itself to the practical physician, and those who read it will find that within its cover is a very large amount of most valuable information. Dyspepsia is a disease, unfortunately, of exceedingly common occurrence, and its effects upon the general, mental and physical condition of the system, are of the gravest possible character. It should, therefore, receive from the profession thorough study, so as to be able to give those who suffer from it every advantage which the art of medicine affords. The work before us enters fully into the various causes which eventually leads to that gastric disturbance, classed under the general head of dyspepsia. It shows the numerous varieties which this disease may assume, and gives the appropriate medical and hygienic treatment for each. The first noticed is dyspepsia from weakness, whether from general imperfect nutrition, or from exhaustion of the cerebro-spinal system, or from failure of the nerve of organic life,—atonic dyspepsia Dr. Habershon calls it. He then takes them up in the following order: 2nd. Dyspepsia from congestion, as noticed in chronic lung, cardiac, bronchitic and hepatic disease. 3rd. Inflammatory dyspepsia, whether arising from irritants, excesses or improper diet. 4th. Hepatic dyspepsia or "bilious indigestion." 5th. Rheumatic or gouty dyspepsia. 6th. The dyspepsia connected with disease of the kidneys. 7th. Dyspepsia from mechanical interference with the muscular movements of the stomach. 8th. Nervous or sympathetic dyspepsia. 9th. Dyspepsia from fermentation of, or chemical change in, the contents of the stomach. 10th. Duodenal dyspepsia. All these various varieties are considered in a plain, common-sense way by the author, whose book, amounting to over three hundred pages, is a welcome and important addition to our literature upon gastric disturbances.

Complimentary Dinner given to Professor S. D. Gross by his Medical Friends, in commemoration of his fifty-first year in the profession, April 10th 1879. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Brothers.

The name of Professor Gross of Philadelphia, America's eminent surgeon, is familiar to Canadian ears, many of whom still bear in warm remembrance his cordial treatment of them during the International Medical Congress of 1877. That he has been given health and strength to follow actively the duties of his profession for such a lengthened period is a satisfaction to the profession of the Dominion, as well as to those who claim him as their fellow-countryman. This little *brochure*, which is prefaced by an excellent steel engraving, contains an account, with all the speeches, of the complimentary dinner tendered Dr. Gross, on his fifty-first year of active professional life. It was certainly an event worthy of commemoration, more especially when the recipient was a gentleman whom the entire profession, the world over, holds in the highest possible esteem. Those who desire to possess the little book can

obtain it from Messrs. Dawson Brothers, or direct from Lindsay & Blakiston, Philadelphia.

Summer and its Diseases. By JAMES C. WILSON, M.D., Lecturer on Physical Diagnosis in the Jefferson Medical College in Philadelphia. Lindsay & Blakiston, publishers. Dawson Brothers, Montreal.

This is another of the series of American Health Primers, and is written in a clear, sensible way, calculated to attract the attention and guide the judgment of the general public. Among this class their circulation is capable of resulting in much good, while the medical profession will find their perusal both interesting and profitable.

Eye-Sight, and How to Care for it. By GEORGE C. HARLAN, M.D., Surgeon to the Wills' Eye Hospital. Philadelphia, Lindsay & Blakiston. Montreal, Dawson Brothers.

Still another American Health Primer, and on a subject of great importance, and about which little thought is given till the injury is done. The book is cleverly written, and may prove exceedingly useful.

Students' Pocket Medical Lexicon. Giving the correct pronunciation and definition of all the words and terms in general use in medicine, with an appendix containing a list of poisons and their antidotes, &c., &c., &c. By ELIAS LONGLEY. Philadelphia, Lindsay & Blakiston. Montreal, Dawson Brothers.

The title of this little work—for though it contains over 300 pages, they are small pages—gives a good idea of what it is intended for, and there is little need for us to say more. The capacity of its author for the work is attested by the fact that over a quarter of a century ago he was a co-editor in the publication of a similar work, which is said to have had a larger sale than has any work either before or since. It is, we believe, also the only lexicon in existence in which the pronunciation of words is fully and distinctly marked. He adopts the phonetic method, and this is believed to be the best, inasmuch as it notes distinctly every vowel and consonant sound in a word. Its size and shape is handy. Although it is not intended to replace larger lexicons, it has a use peculiarly its own, and for this it is most admirably adapted.

Memoranda of Poisons. By Thomas Hawkes Tanner, M.D. Fourth American from the last London edition. Philadelphia, Lindsay & Blakiston. Montreal, Dawson Brothers.

This is a very useful little book, just the thing to help the busy practitioner, and furnish him with a guide in dealing with cases of poisoning to which he may suddenly be called upon to attend. It is equally useful to the student, to whom it will supply a large amount of information in a compact form.

OBITUARY.

Died at sea, on the 20th of October, GEORGE WILLIAM CALENDER, F.R.S., Surgeon to, and Lecturer on Surgery at St. Bartholomew's Hospital.

Mr. Callender's many friends on this side of the water will learn with sincere regret the sad termination of his holiday trip to this continent. He arrived, accompanied by his two elder daughters, at the end of August, apparently in excellent health; a month later he began to experience fatigue in travelling, which was aggravated by the extreme heat of the season, to which he was unaccustomed. In the early part of October, while in Philadelphia, he suffered from malaise, dyspnœa, and other symptoms, the gravity of which led him to seek medical advice. Dr. Da Costa was called in, and found him labouring under unsuspected advanced Bright's disease, of a chronic form. Notwithstanding his extremely ill condition, it was deemed advisable, after careful consideration of his case in consultation with medical friends, to yield to his strongly expressed desire to return home. Accordingly, on the 15th of October, he was conveyed on a stretcher by a special train to Jersey City, and thence by a tug to the steamship Gallia. He bore this part of the journey so well as to encourage his friends in the hope of his reaching England and passing his last days at home, but a cable dispatch from Queenstown informs us of his death when five days out. While sick in Philadelphia he was the guest of friends from whom he received every attention that kindness and sympathy could suggest.

Mr. Callender was not only an accomplished surgeon and a careful operator, but a man of

wide general culture. Although not a prolific writer, his contributions always commanded attention as the results of a large experience and of careful observation. He held the positions of Surgeon to the Charter House, and Examiner in Anatomy at the University of London. In 1877 he was elected President of the Clinical Society of London.

PERSONAL.

Dr. Craik (Montreal) has been confined to his house for several weeks from a poisoned wound of the second finger of his right hand. The nail had to be removed, and the affection has been exceedingly painful throughout.

Dr. Ritchie (M.D., McGill College, 1876) has removed from Montreal to St. Paul, Minnesota, where, under the auspices of the new lessees of the St. Paul and Manitoba Railway (Messrs. Stephens and Angus), he has a brilliant future. We commend him to the profession of St. Paul as a genial gentleman and a worthy and talented physician.

Dr. Gaherty (M.D., Bishop's College, 1879) is settled at Carillon, in medical charge of the extensive Government works going on in that neighborhood.

Dr. J. S. Edwards (M.D., McGill College, 1879), son of Dr. E. G. Edwards, Ex-President of the College of Physicians and Surgeons of Ontario, has been appointed House Surgeon of the London (Ont.) General Hospital.

Dr. Mitchell, of Amherst, N.S., has been appointed Physician to the Maritime Penitentiary, Dorchester, New Brunswick.

Dr. J. H. Ryan, of Sussex, N.B., has been appointed Associate Coroner for King's County, New Brunswick.

The Hon. Dr. Paquet of St. Cuthbert has accepted the position of Professor of Hygiene in Victoria College Faculty of Medicine, Montreal.

Dr. Alfred Codd, (M.D., McGill College, 1865) is in practice at Winnipeg, Manitoba.

Dr. George W. Nelson, First Rank Honors Primary and Final Years, and Final Prizeman, Medical Faculty of Bishop's College is acting as assistant to Dr. J. H. Cotton, at Mount Forest, Ont.

Dr. Wolfred Nelson,—formerly Assistant Demonstrator of Anatomy Medical Faculty of Bishop's College, has been obliged to relinquish practice on account of pulmonary trouble, and leave for a warm climate. Dr. Nelson will travel in the W. I. Islands and South America, this winter and next summer, as a correspondent. Articles from his pen, on Climatology, Winter Resorts for Invalids, Notes on Hospitals, etc., will appear from time to time in these columns.

MEDICO-CHIRURGICAL SOCIETY.

October 17, 1879.

A regular meeting was held this evening. The President, Dr. R. P. Howard, in the chair.

There were present: Drs. R. P. Howard, President; Henry Howard, John Reddy, F. W. Campbell, Proudfoot, Kennedy, Baynes, Kerry, Bessey, Armstrong, Brown, Brodie, Osler, Roddick, Ross, Gardener, Molson, Shepherd, Smith, Hingston, McConnell, Ritchie, Wilkins and Edwards.

Dr. Osler exhibited as pathological specimens:

1st. Striated myo-sarcoma of kidney in a child of 3¼ years of age, in the practice of Dr. Finnie. It had been considered a case of abscess. Death took place suddenly. Malignant growths in the kidney are comparatively rare, but in children occur with comparative frequency. The tumors are usually soft, and rapidly growing present a greyish white pulpy tissue like softened brain matter. They sometimes form large abdominal tumors, and with cancer of the retroperitoneal glands constitute the great majority of abdominal new growths in children. Tumors containing striped muscular fibre are a curiosity, only some twenty cases being on record.

2nd case was one of cirrhosis of the liver with thrombosis of the portal vein in a man aged 62, an old soldier. History, of drinking habits. Illness began in June with dropsical symptoms. He took a voyage from Newfoundland, his home, to Montreal, and died two days after his admission to the Hospital here. The liver was remarkably cirrhotic, the portal vein had thick walls, which, being slit up, showed a soft brown thrombus occupying the upper part.

3rd. Perforation of the intestine in typhoid fever. Patient died on the 50th day of the disease. The patient, aged 19, admitted on 2nd of September and 9th day of fever, temperature

104°. Until 16th day, moderate fever, constitutional symptoms slight. From the 18th to the 27th day temperature was normal. A relapse occurred on the 31st day, and temperature reached 104°; no diarrhœa. On the 42nd day, there was hemorrhage from the bowels. Tenderness of the abdomen, timpanitis and great exhaustion. Another slight hemorrhage on the 48th day, vomitting the last few days and death on the 50th. The lower part of the illium had three ulcers, one about the size of a sixpence.

Dr. Reddy mentioned a case which had been under his care in the hospital two years ago, where death took place from a relapse following a large meal of mutton chops. This patient had been well for three weeks. The post-mortem showed a perforation not larger than a pin's head at the bottom of an ulcer.

Dr. R. P. Howard remarked that the latest view of relapses in typhoid was that there was re-inoculation from the ulcers themselves.

Dr. Shepherd presented a skull having only one parietal bone, the skull was much longer and narrower than usual. He also showed ossified pubic bones from another subject.

Dr. Roddick presented a highly interesting case of favus to the Society. The patient was under his care in the Montreal General Hospital, a female child, aged 10, who had resided in a low, unhealthy secluded part of the city, and was badly nourished. The disease was well marked on the head, and distributed generally over the entire body. The father had been deaf and dumb from birth, the mother had had pneumonia five times, had given birth to 10 children, the entire family being unhealthy, and all of them had had head eruptions. A remarkably fine painting of this case was also shown to the Society.

Dr. Roddick presented also a drawing of a case of meningocele which had been off and on under his treatment in the Hospital. It was diminished from its original size of small lemon to the size of a walnut. The child subsequently died, not being properly nourished at home, its mother being ill.

Dr. Ross then read a paper on "Thoracic Aneurism."

The meeting then adjourned,

MONTREAL, Oct. 31, 1879.

A regular meeting of this Society was held this evening, the President, Dr. R. P. Howard, in the chair. There were present Drs. R. P. Howard, Henry Howard, John Reddy, H. L. Reddy, Buller, Blackader, McConnell, Simpson, Ross, F. W. Campbell, Proudfoot, Brodie, Osler, Roddick, Rodger, Armstrong, Guerin, Wood, Major, Browne, Ritchie, Gardner, Fenwick, Bell, Cameron, Molson, Smith, Baynes, Bessey and Edwards.

Dr. Ross proposed and Dr. Osler seconded the proposition of Dr. Gurd as a member of the Society.

Dr. Hill, of London, England, was introduced as a visitor by Dr. Osler, also Dr. R. King, of Peterboro, Ont.

Dr. Osler exhibited, as the first specimen, an ovarian tumor, which had been removed by Dr. R. P. Howard from a patient aged thirty-three, the subject of an abdominal growth for nine months. It was multilocular, consisting of two large cysts, forming the principal part of the growth, and six or seven smaller ones. At the base of the tumor, and corresponding to the ovary, were two dermoid cysts, in which were skin, hair and subaceous matter, but no bones nor teeth.

The second specimen was one of chronic valvular endocarditis, with insufficiency of the aortic valves, hypertrophy and dilatation of the heart, occurring in a hospital patient aged fifty-four. There was no history of rheumatism, had had syphilis; he had been a hard drinker. For the past two years he had been in the hospital several times for treatment.

Dr. R. P. Howard then gave part of the Presidential address, but it had to be postponed, owing to the experiments of Dr. Wilkins being ready. The Society adjourned to the adjoining room, where Dr. Wilkins gave a series of experiments on the inhibitory action of the pneumogastric nerve.

O. C. EDWARDS, *Secretary.*

THE OLDEST LECTURER IN EUROPE.

The veteran chemist, Chevreul, whose name is associated with researches on fats and fatty acids, now in his ninety-third year, began, we read, his usual course of lectures on organic chemistry at the Museum of Natural History at Paris a short time since.—*British Med. Journal.*

BIRTH.

In Montreal, on the 14th November, the wife of Oliver C. Edwards, M.D., of a son.

THE CANADA MEDICAL RECORD.

VOL. VIII. MONTREAL, DECEMBER, 1879 No. 3.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

Hindrance to the Respiration by disease in the Nose, by D. H. Goodwillie, M.D., D.D.S., New York City, 57—Idiotcy and Imbecility, not Insanity; a definition on Idiotcy and Imbecility, by Henry Howard, M.D., M R.C.S Eng., Visiting Physician to the Longue Point Lunatic Asylum, 59—On the Antagonistic Action of Belladonna and Opium, by Charles Black, B.A., M.D., Pittsburgh, Penn., U. S.....65

CORRESPONDENCE.

Letter from J. W. Hughes, Practical Sanitarian.....67

PROGRESS OF MEDICAL SCIENCE.

Hydrate of Chloral and Bromide of Potassium Enemata in the Vomiting of Pregnancy, 67—On the Treatment of Enlarged Prostate, 68—Administration of Ether, 69—Recent Progress in the Treatment of Children's Diseases, 70—A Giant Birth, the child weighing twenty-three and three quarter pounds, 71—Pruritus Vulvæ, 72—Carbolic Acid in Shingles, 73—Incontinence of Urine, 73—External Use of Digitalis in Suppression of Urine, 73—Treatment of Urticaria, 74—External Application of the Bromide of Potassium, 74—Eczema, 74—Phosphate of Lime, 74—Baths, and how to take them, 74—Mammary Inflammation treated by Ice, 75—Cupping in Carbuncle, 76—Dover's Powder in the Night-Sweats of Phthisis, 76—Gelsemium in Neuralgia.....77

PAGE

EDITORIAL.

Surgeon Majors in the Canada Militia, 78—The Relations between Physicians and Druggists, 78—Typhoid Fever in Montreal, 79—Cholera in Japan, 79—Club Rates with Scribner's Magazines, &c., 79—Lindsay and Blakiston's Visiting List, 79—Congratulatory Resolutions to Dr. Robitaille, Lieut-Governor of the Province of Quebec, 79—Personal, 80—Reviews, 80—Medico-Chirurgical Society, 82—Murder of an Italian Physician, 84—Successful Transfusion with Chicken's Blood.84

Original Communications.

HINDRANCE TO THE RESPIRATION BY DISEASE IN THE NOSE.

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The anatomical structure and physiological condition of the nasal fossæ are most efficiently arranged to carry on respiration.

As the gateway to the respiratory organs the nose has a most important office to perform in tempering and cleansing the air that passes to the lungs. Hence the greatest amount of mucus surface in the smallest space, with the numerous mucus glands to lubricate the surface and purify the tidal air. The erectile tissue on the turbinated bones and the hairs in the vestibule as sentinels for protection.

In much the same proportion that respiration is prevented through the nose will there be catarrhal trouble.

The air not passing through the nostrils the mucus with the cast-off epithelium are not so readily carried away by the tidal air, undergo decomposition, and thus aid in setting up inflammatory action, resulting in thickening of the soft parts and hypertrophy and distortion of the bones and cartilages.

This condition undoubtedly commences by *rhinitis* in *childhood* from *various causes.* And so in its chronic condition in adult life, respiration is interfered with, and the catarrhal trouble increases. This is suggestive of proper treatment in early life.

Among the numerous obstructions to respiration within the nostrils I will only call attention to two found just within the vestibule.

(I.) *A deviation of the cartilaginous septum.*

(II.) *Hypertrophy* of the *soft parts covering* the *inferior turbinated bones.*

The deviations of the cartilaginous septum for the most part commence at or near the union of the cartilage with the bony septum, and describe *various curves* more or less acute to the columna.

Occasionally the septum may seem to have displaced the nasal spine and to protrude from the nostril. (See case No. II.)

Among the methods for correcting this deformity I have found none so successful as making a section through the cartilage at the greatest curve. This is done by means of the *excising nasal forceps* that the writer devised some years since. This is so constructed that one blade contains the circular or oval knife and the other blade is flat, against which the knife comes when it has cut its way through the septum. (Fig. I).

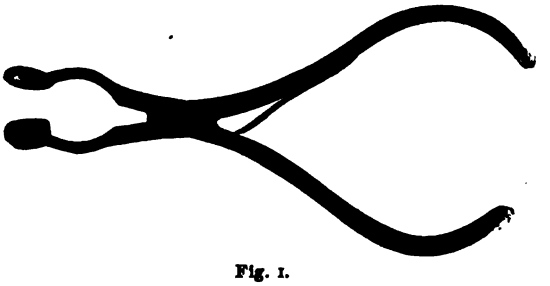

Fig. I.

It requires about six forceps of different shapes and sizes to meet the requirements of all cases.

The *operation* on the *nasal septum* is performed as follows:

The head of the patient is firmly held by means of a head rest, so that there is no motion. Nitrous oxide is usually administered, and a section made through the septum at the most prominent part of the bend with the nasal forceps. The flat blade is passed up the constricted nostril, while the other, carrying the knife, goes up the other nostril, and when opposite the most constricted portion the hand is firmly closed on the instrument, and the section is made, removing entirely the bent portion of the septum.

Hemorrhage is controlled by means of the nasal clamp that produces pressure on the cut blood-vessels. If it is necessary to remove any farther thickening the knife cannot remove, it may be done by means of the galvano or thermo cautery, at the same time this may be made use of to arrest hemorrhage.

The wound heals slowly, but in doing so there is contraction, and this still further improves the breathing capacity. The scabs that form must not be forcibly removed, but the parts cleansed and bathed with thymolized spray. Careful dressing ought not to be neglected by the surgeon.

The second hindrance to respiration is the *hypertrophy* of the *soft tissue* covering the *inferior turbinated bones*, and are removed by means of the galvano cautery. A shield to protect the vestibule is passed into the nostril, the lower end of which is flanged, so as to be easily held, and so remove the fingers from the heated cautery. The top part of the shield is so made as to embrace the part to be removed by the cautery. The electrode is small, so as to readily pass through the shield, and, when heated to a white heat, is passed quickly on to the parts to be removed. If this heat is kept up while the electrode is on the tissue there will be little or no pain. But in nearly all cases administer nitrous oxide as the anæsthetic. In all these operations the parts should be kept well cleansed.

The following cases will serve to illustrate the method of treatment:

Case I.—J. F., aged 24 years, predisposed to catarrhal conditions, and probably was never entirely free from it since his early childhood. There being now very little respiration through the nose, the soft palate is quite relaxed, and the uvula so much elongated that during sleep it drops down with the nasal mucus, and excites the laryngeal spasm, and he wakes up suddenly with a feeling of suffocation.

This has been a great annoyance to him. The nose is turned a little to the right. The internal examination reveals a short double bend in the cartilaginous septum that prevents respiration from both nostrils. A section was made through the cartilaginous septum with the excising nasal forceps, and the uvula was amputated. Some considerable thickening was found in the soft parts in the nasal passages, which yielded to treatment.

It is now several years since he received the operation, and he reports himself relieved of all his catarrhal difficulty. Has no more laryngeal spasm during sleep, and respiration through the nose quite free.

Fig. II.

Fig. III.

Fig. II. represents the deviated septum with a slight displacement of the nasal spine. Fig. III. the same after the operation.

Case II.—E. G., of Brooklyn, was referred to me by Dr. C. R. Agnew. Has been suffering for some years with naso-pharyngeal catarrh, and in consequence has deafness of the left ear.

The cartilaginous nasal septum is considerably longer than normal, and it takes an acute bend just at the vestibule to the left, entirely closing up the left nostril. The nasal spine is also carried to the left. Both the septum and spine protrude from the vestibule, pushing to the right the columna nasi.

Treatment consisted in making an incision over the protruding end of the septum and spine, denuding the soft parts, pushing them back, and amputating a half inch of the septum with one of the excising nasal forceps. The soft parts were brought together again and united by sutures.

This restored respiration, the good effect of which was seen by great improvement in the catarrh and also in the hearing.

Case III.—W. H., of N.Y., aged 35 years, for whom I extirpated the bones of the nose, has considerable difficulty of respiration from extensive hypertrophy of soft tissue covering the inferior turbinated bones. The protecting nasal shield was put into the nostrils, and the hypertrophy removed by means of the galvano-cautery. Respiration began to improve immediately after the operation.

Fig. IV. At *a.* is seen the occluded nostril before the operation, and at *b.* the other nostril after the operation.

Case IV.—Dr. L. de B. brings to me his wife, who is a fine singer. She is of that class predisposed to catarrhal troubles from all the mucus surfaces. Has not been able to use her voice in making clear nasal tones for some time.

Has a small pleuritic adhesion of the left lung behind, but, from the full distension of the lung in singing, the adhesion is so extended as to give very little trouble. There is hypertrophy of the soft tissue covering both the inferior turbinated bones, and breathing through the nose very much interfered with; considerable naso-pharyngeal catarrh, with slight ecchymosis of the left vocal cord. The hypertrophy was removed under an anæsthetic by means of the thermo-cautery.

After remaining under treatment for some time to remove the thickening produced by the stenoses she recovered her voice.

IDIOCY AND IMBECILITY NOT INSANITY.

A DEFINITION ON IDIOCY AND IMBECILITY.

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(Read before the Montreal Medico-Chirurgical Society, November 28th, 1879.)

Mr. President and Gentlemen,—The subject which I propose for your consideration, this evening is one which I trust you will find to be of great practical importance to every medical man. It is a medico-psychological definition and classification of Idiocy and Imbecility. I presume that you are aware that authors have classified these two states of the animal man under forms of insanity. Thus under the head of "Amentia" we find Idiocy, Imbecility and Dementia. Such a classification has lead to very many unpleasant misunderstandings between medical men, between medical men and the bar and judiciary, and between medical men and the public. But this definition is not scientifically correct, for an idiot is not a weak-minded person, all imbeciles are not weak-minded, and, correctly speaking, not necessarily insane. Again although all dements are insane, yet all dements are not necessarily weak-minded. Then, whatever the state of the dement may be, he differs altogether from the imbecile, inasmuch as he has lost something from disease or accident that the imbecile never had. To comprehend me, it is necessary that you should recognise the established medico-psychological truth, that mind and body is one, because it is upon this fact that I base my classification. I do not think it necessary for me to use any argument, at this time, to prove to you this truth, suffice it to say, that we all, by our treatment of mental diseases, recognise that fact, for, as physicians, we don't pretend to treat anything more than matter, things relating to the natural order.

Upon these premises I would define all idiots to be congenital, and to be the very lowest order of the animal man, a thing void of a mental organization, having neither intelligence nor morality, and even possessing a very low animal instinct. Fortunately there are very few of such creatures born into the world, and those that are, generally die in childhood. We never

see such a creature live to maturity, or at least very seldom. In the order of mind, then, we will take such a creature as a cypher to make our classification from, and say we take the man with an ordinary mental organization at 5, this would leave us imbeciles varying in degree of mental organizations to be classified as 1, 2, 3, 4; then, again, we must remember that all of those in these different grades of imbecility are not necessarily mental imbeciles, for such a name would signify that all were both intellectually and morally imbecile, which, as experience shows, would be taking a very false view of this class of persons, inasmuch as some of them are weak or imperfect in intellectual faculties, some in their moral faculties only, and others again who would properly come under the heading of amentia, being weak in their whole mental organization. Class No. 1, these, are to be found in all insane and imbecile asylums; they are morally and intellectually imbecile, so low in their whole mental organization as to incapacitate them from ever being taught even to keep themselves clean, or to eat, except in the most filthy manner. Nothing can develop their mental organization, they always remain dirty, filthy, vicious creatures; you rarely find this class live to the age of puberty. This is the class that persons generally designate as idiots, but they are not idiots, for they have some intelligence, although of a very low order. Class No. 2 are both intellectually and morally low, that is, they are mental imbeciles, but their intellectual faculties are lower than their moral. The best specimens of this class are to be found in asylums. By age and favorable circumstances their mental organization develops to a more or less degree, so they can be taught to be useful in the asylum, running of messages, &c., even some of them are taught to read and sometimes write, but, as far as my experience goes, they don't understand much of what they read about. Sometimes they become insane, and amongst them we find a number of epileptics, hæmiplegiacs and aphesiacs, and medical treatment in such cases I have found worse than useless. I have not been able to find that there was any very strong sexual desire in this class, but, when not brought up under favorable circumstances, they frequently sink into a state of brutality. It is from amongst the males of this class when there is strong sexual desire that we find those erotic imbeciles so dangerous to be permitted to be free from restraint, who are in reality a dangerous class in society. You see, then, that the first or lowest class of imbeciles are mental imbeciles; the second class are also mental imbeciles, but that they vary very much. Some have their intellect more weak than their moral faculties, others have their moral more weak than their intellectual faculties, but, like class No. 1, they must always be under control. There are two peculiar characteristics, as a rule, in this class of imbeciles, and these are, that they are the most inveterate thieves and liars. I don't believe that they see any wrong in lying and pilfering. We sometimes find persons of this class dangerously maniacal, but I never saw amongst them a case of hysterical mania. No. 3. This is the really interesting class of imbeciles; they are a perfect study, and the more we study them, the more interesting the study becomes. They vary so much in intelligence and in morality. If you want to find a high moral faculty you may, as a rule, look for it in this class, although with it you will find a low intellectual faculty. They are generally clean in their habits, well conducted, honest and truthful, the women making good wives and the men good husbands, and both loving parents, hard working and industrious, very thrifty and fond of saving up money. They are, however, very sensitive and impulsive and easily roused to anger, when they immediately lose all self-control, and will commit a murder without knowing the consequence of their act, or perfectly realizing what crime they have committed. You will meet this class amongst the high and low, the rich and the poor. I have spoken generally of this class, but I must add that there are some of them morally as well as intellectually imbecile, and when they are, they are not much removed from brutes, and if their surroundings are bad, they become the most low, degraded, brutalized creatures, that nothing can improve; the only thing that can be done then with them is to lock them up for life. Every where we turn in our daily walks of life we meet this, the third class of imbecile, where the intellectual faculties are much below the average, and the moral faculties on the average good. Perhaps the best public sample of such a one is a man whose name you have all seen lately in the

daily press, the husband of the unfortunate woman Susan Kennedy, who, after killing the woman in Griffintown, cut off her head and hand,—I mean JACOB MEYERS. We now come to the fourth class of imbeciles, that class where, intellectually speaking, we find so much difficulty in drawing the distinction between them and class five, which we call the class of ordinary mental organization. I say it is so difficult to define, because it is like daylight fading into twilight, it is hard to draw the distinct line, yet are they intellectually inferior to class No. 5, but to see this distinction requires time and great observation. However, this class No. 4 are those that are the purely moral imbeciles, the habitual criminals, the criminal class of society, who begin their life of crime in childhood and continue throughout their life to old age. In youth they are found in reformatory prisons, where they are not reformed. After the reformatory comes the common prison and penitentiary, from whence they frequently find their way to the lunatic asylum to finish their lives. Poor moral imbeciles, criminals because of their organization, a curse to themselves and society. I know nothing of the woman Susan Kennedy but what I have read of her, and I have read all that has been written of her, and consider her to be one of the best public samples of this class of moral imbeciles that I know of. I don't consider that she was at all insane, but simply a moral imbecile, brutalized by drink and debauchery. I have endeavored to make clear to you that there are four distinct degrees of intellectual imbecility, that classes Nos. 1 and 2 are combined to a more or less degree with moral imbecility, that No. 3 may or may not be combined with moral imbecility, that in No. 4 there is more of the moral than of the intellectual form of imbecility. I must now add that, as a matter of course, such intellectual imbeciles must not necessarily be moral imbeciles, and again, that moral imbecility is not confined to those of weak intellect. On the contrary, we find men and women whose high order of intellect draws to them thousands of admirers, who are of the wicked the most wicked, and who are so in virtue of their being moral imbeciles. They have their peculiar characteristics by which they are well known, and these are egotism, intellectual pride and selfishness, which makes them unjust and tyrannical. Yes, mark the man, or woman, puffed up with egotism, selfishness and intellectual pride, and you may be sure that there you will find the true moral imbecile. These are the SPIDERS, the weavers of society, who are always weaving the web into which they may envelop the innocent and unwary, and these weavers weave their web so fine and delicate that we cannot see it, and only discover its strength when enveloped in its folds. Then in vain the innocent may struggle, nothing but death can deliver him from the net.

You will naturally say, are not all men good or bad, to a greater or lesser degree? I answer most surely; and, in answering the question as a psychologist, I maintain that the state of man we call good, and that state we call bad, is dependent upon our mental organization. Remember I don't deny the influence of education, religion, moral training, &c., to aid in the developing of man's mental organization, and how, for the want of these surroundings, some organizations are never developed; but what I do maintain is, that whatever a man is, that he is in virtue of his mental organization, and that, as there are some intellectual faculties so mal formed that nothing will develop them, so also is it with some moral faculties.

What practical benefit is to be derived from my definition and classification of imbecility. In a former paper I read before you I defined insanity to be the losing of mental sanity, from any cause whatever, in a greater or lesser degree; now, if this be a true definition of insanity, it follows from what I have said of imbecility, it being due to congenital malformation, that it cannot be classified under the head of insanity; but that an imbecile can, like any other person, become insane, by losing, in part or whole, what amount of mental sanity he may possess. You see at once, gentlemen, how important these facts are to you as medical jurists. Then, with regard to responsibility, you see how important it is that we should recognize different degrees of imbecility if we recognize different degrees of responsibility. Then, when we come to examine into the question of reformatory prisons, the cause of failure in the majority of cases, see what an assistance such a classification will be. Then the great and important question of education, when you are called upon to give your opinion of the over-

worked school-boy, or school-girl. Will not this classification be an aid to you in the advice you will give to the parent or teacher. With this classification you won't call the over-worked *demented* school boy, an imbecile; on the contrary, you will know you have a purely medical case to treat, a case of acute dementia, and this case you would not send, as an incurable, to an asylum, but you would have tenderly nurtured and cared for at home—hoping that time and rest would enable the poor over-worked brain to recuperate itself. Again, you receive papers from the Provincial Secretary to fill up, to have a person admitted as a government patient into one of the Provincial lunatic asylums. Will not this classification prevent youfrom calling a harmless imbecile, or an idiot, an insane person, placing the visiting physician, your confrère, in a false position with yourself with the friends of the patients, with the proprietors of the asylum, and with the public, so that when he, as in duty bound, and in accordance to law, rejects such an application, you are angry, and all the friends of the rejected, harmless imbecile, become his mortal enemies. Or, what would be still worse, the visiting physician admits the harmless imbecile, because he had been represented as a very dangerous person; afterwards, in his visiting the asylum, and seeing the patient, he finds that he has been deceived, and, as in duty bound, he reports the fact to the Honorable Provincial Secretary, recommending the discharge of this harmless imbecile; then comes the trouble; in a day or two, the newspapers announce to the community the astounding intelligence that the visiting physician is letting loose upon the community dangerous lunatics. Now I am sure none of you would wish to place a confrère in such a false position, yet it is exactly what has been done, and what any one of you might very innocently do if you consider imbecility to be a form of insanity. I might quote for you such physiologists and pathologists as Crichton Brown and Professor Benedict to prove to you the deformed and distorted brains which are found in the imbecile class, and how these malformations differ, some of the brains resembling more the brains of the lower brutes than man, but it will be sufficient that I give you a synopsis of one of the best reports that I have met with on this subject, taken from the *Journal of Mental Science* for October, 1879. The report is headed "A detached left occipital lobe and other abnormalities, in the brain of a Hydrocephalic Imbecile. By A. Campbell Clark, M.B., Assistant Physician Royal Edinburgh Asylum." After a most exhaustive report, he says: "The leading features, then, of this case briefly are:

I. Clinical.

1. Mental defect coming under the definition of imbecility.

2. The faculty of memory not impaired, and that of speech child-like.

3. Paralysis of right arm and leg with defective sensation of same side.

4. Convergent strabismus of right eye during life, and double convergent strabismus a few hours before death.

II. Pathological, a Macroscopic.

1. A symmetrical condition of cranium as regards general contour, thickness of bone, size and form of fossa and vascular grooves.

2. The existence of three cysts—two containing clear serum, the other (smallest) bloody serum and fibrous clot, the cyst walls formed by thickened arachnoid, and with an external covering of dura mater, but more or less free from these membranes in the floor of the two large cysts. The absence of arachnoid at base of brain, and the presence of a bony growth in anterior part of falx cerebri.

3. Destruction of brain substance, chiefly affecting, to a greater or less extent, the following convolutions: transverse frontals, gyrus fornicatus, and marginal convolutions of right side, middle and inferior tempero-sphenoidals, gyrus fornicatus and quadrate lobule of the left side, corpus callosum.

4. Arrested development of the following convolutions:—of the left occipital lobe, left ascending parietal and frontal, left Island of Reil.

5. Complete dissociation of left occipital lobe from rest of hemisphere as regards continuity of nerve structure.

6. A symmetrical development of frontal convolutions, parietals.

7. Arrested development of the following fissures: left Sylvian, left Rolando.

8. Feeble development of posterior and middle commisure of third ventricle and of corpora quadrigemina.

9. Absence of Sylvian aqueduct.

B. Microscopic.

1. The comparatively healthy state and fair development of the nerve elements in left occipital lobe.

2. The intra-gyral association system demonstrated in the latter.

3. The right occipital lobe more extensively degenerated in its white substance than the left.

4. The deficiency of nerve fibres in left ascending convolutions, and their pyramidal cells relatively smaller and fewer than on the right side.

5. Degeneration of cells in ascending frontal (right) and corpus dentation and floor of ventricle in medulla oblongata.

This, gentlemen, is a very extreme case of imbecility, and you would not expect to find in every low form of imbecility such a brain, but you would find in the brain of every imbecile, differing in degree, that it was malformed or malproportioned, that there was a diminished number of convolutions, that the sulci were shallow, and that there were but, comparatively speaking, few cells in the cortical substance; in fact in the very highest order of the imbecile brain, that there was a want of development in these different parts.

I am not going to point out to you the different pathological changes produced in the brain of the dement, by what Crichton Brown very expressively calls the "brutal" experiments of disease, but simply to say that such a brain in no respect resembles the brain of the imbecile.

I have based my classification of imbecility upon the science of medico-psychology, and I hope I have said sufficient to convince you that my classification is not arbitrary but scientific and of practical importance. Non professionals would say, why, according to this man's views, every man living is more or less of a moral imbecile, for he admits, or must admit, that every man is more or less wicked. Precisely so, it is not at all times that outsiders unintentionally would speak such a solemn truth; that is exactly what I do hold, that there is no such thing as yet, to be found in man as a *perfect* mental, organization, and that whatever a man is, that he is in virtue of his mental organization. Two men are born on the same day; they are brought up and educated intellectually and morally under the self-same circumstances, and with the same surroundings; they are both equal in intelligence, but they differ as far as it is possible for men to differ in their moral qualities. One is an upright, honorable, straightforward, honest man in all his dealings with his fellowmen, and withal just and benevolent; and when he does wrong repents of his wrong and makes the *amende honorable*. The other is a cheat, a liar, a thief, an oppressor of the poor, a tyrant, in one sentence a dishonorable man, a man who never regrets the wrong he does, in fact the only evil he believes in is that he should be found out, and made to suffer for his crimes. Now, what makes these men to differ? Simply that one has a good moral faculty, the other a bad, so bad, that nothing could develop. "Can the Ethiopian change his skin, or the leopard his spots." How far such men are morally responsible I leave it to others to decide, but, whether or not, good men should be on their guard of them.

I would have you to bear in mind that imbecility, whether it be intellectual or moral or mental, that it differs from intellectual or moral or mental insanity, in so far as that imbecility is due to malformation of one or more of the mental faculties, leaving them in that state that they only become developed to a small degree, whereas insanity is due to some disease, whether functional or organic, of the mental organization. I am particular in recurring to this fact, for in many cases of insanity there is a great resemblance to imbecility. I have already alluded to a form of acute dementia, which so very much resembles intellectual and in many cases mental imbecility; but remember in one case there is hope of recovery, whereas in the other case there is nothing lost, consequently nothing to recover. Then there is chronic dementia, which so resembles mental imbecility. Grant that few chronic dements ever recover, yet some do. I have had cases myself where in one case recovery took place after four years and another after seven, after that I had given up all hope of recovery, and I find reported in the *Journal of Mental Science* of a case of recovery after twenty years. Then again there is some very striking resemblance between the morally insane and the moral imbecile. Where there is good intellectual faculties they both generally suffer from the same delusions. Both of them believe themselves to be something very great and something very impo-

tant; they labor under the delusion, "after them the flood," that every one is conspiring against them, that every one is jealous of them; they see evil where there is no evil dreamt of, the unfortunates; they judge every one by their own malformed or diseased moral faculties. As many persons, even in our own profession, have very erroneous ideas of hallucinations and illusions, I will conclude this paper with a few remarks on this peculiar state of our mental organization, particularly with the view of showing that they are not necessarily symptoms of insanity, and rarely found in imbeciles even when they become insane. Persons feigning madness generally overdo it, particularly by pretending to hallucinations and illusions. When ignorant persons wish to impress a medical man with the idea that an imbecile is insane, they invariably make the same blunders; they find out these hallucinations and illusions, but you cannot, no matter how frequently you may see the patient. By some strange occurrence, they never take place when you are present, it is always during your absence. Now, the fact is that intellectual imbeciles, and those are they that are brought under our observation, rarely if ever suffer from illusions or hallucinations even should they become insane, nor is it by any means a necessary symptom of insanity. Insanity can exist without these symptoms, and certainly we would not be justified in placing a person under restraint because he suffered from either illusions or hallucinations. I know an old gentleman who is a monomaniac for the last twenty years, laboring under the delusion that his wife and children have conspired to poison him, and takes the greatest possible precaution, cooking his own food lest he should be poisoned; yet, this man attends closely to his business and provides well for his family. Eighteen years ago I refused to have that man detained in a lunatic asylum. We very frequently find aural delusions and sometimes optical hallucinations remain long after all the other symptoms of insanity have ceased to exist. Under such circumstances I do not think it justifiable to detain such a case in a lunatic asylum. There is a gentleman living here in Montreal, well known to some of the members of this Society, who has been no less than six times under my care, in the space of fourteen years, for attacks of mania. I doubt very much if that man is ever without aural delusions, yet he is a man that attends most closely to his business. In the month of June, 1879, with many other patients, I discharged a man while still laboring under aural delusions, all other symptoms of insanity having disappeared for some months previous. The man went to his work the following day, there has been no return of insanity, and his delusions soon disappeared. A big drunk or some derangement of the liver will frequently produce hallucinations and illusions, which will disappear after the patient has had the benefit of a blue pill and a sedlitz. There is no one suffers such terrible hallucinations as the man with delirium tremens. I have mentioned these cases to you not as a proof that maniacs do not suffer from hallucinations and illusions, but that there can be either the one or the other existing without the person being insane. As soon as you find a man capable of reasoning sufficiently to recognize that his illusions are subjective, not objective, you may be sure of a speedy recovery. Dr. Prosper Despine, speaking of hallucinations in the mind of healthy persons, says: "Hallucinations produced by prolonged thought and pre-occupation in the mind in healthy persons. The stimulative (excitative) and congestion of the brain by prolonged exercise of thought, by exaltations from noble feelings, has been a cause of hallucinations in many illustrious persons."....." Hallucination is contagious amongst the exalted, passionate, or fanatic. A person in a state of exaltation affirms that he sees or hears the objects of the thoughts and aspirations of the assembled members, and this being vividly impressed on them they eventually come to believe that they can see and hear the same." With all due deference to such an authority, I would be far from considering a brain healthy when it became congested no matter what was the cause. Speaking of illusions the same author says: "Illusions is to hallucinations what slander is to calumny, illusions embelishes reality, hallucinations invents the whole appearance; psychic illusions take their origin in the domination, in the blindness of the mind by passion. Illusion is of two kinds, *external* or psycho-sensorial. The mind sees objects not as they are but as the predominating pas-

sion causes them to appear. Secondly, *internal* or psychic. The ideas which the imagination conceives under the influence of *passion* are taken for realities."

M. Luys of the Sal Pietre, in a lecture on cerebral duality, thus accounts for these phenomena: "Though the cerebal lobes under certain conditions act synergetically, there are circumstances under which this does not occur. In spokon and written language, the left hemisphere alone enters into action."....."In certain cases of insanity (hallucienis lucides) the co-existence of sanity and insanity gives a rational explanation of the integrity of one lobe, and the morbid hypertrophy of certain regions of its fellow of the opposite side."....."In a great number of psychopatic conditions ungovernable impulses, alienation with consciousness, and the morbid states can have no other rational and true physiological explanation than a transient discord between the hemispheres, one acting irregularly the other normally."

What a wonderful knowledge of ourselves and others we obtain from the study of psychology, physiology and pathology. We see the physical suffering of the human race from a thousand different diseases; and we ask ourselves the question, why all this suffering? for what end? We know it is not necessary to procure death, for death can take place without any physical suffering. I think I hear some of you say, to give practice to medical men; well, although this would be a narrow view, it would be as intelligible an answer as the majority of men give to the question. I think, however, that we would answer the question more scientifically by saying it was due to our continual breaches of natural laws. Great, however, as the evil is, it is by this evil that we most successfully study the physiology of man; and look to what knowledge this study has lead, and is leading us to: look at how, bigotry, fanaticism, and superstition are falling down before the scientific knowledge attained by the study of psychology, physiology and pathology. There are occurrences which take place before our eyes every day that would be incomprehensible, only when we look upon the actors from a psychological stand-point. We see good men accused of crimes that they never even dreamed of committing, and the accusers will be those whose characters stand so high before the public that the most just man won't know what to think, or what to believe. He knows the accused, and he cannot believe him guilty; he knows the accusers, and he shrinks from believing them guilty of such a premeditated crime as to try and destroy the character of an innocent person. The psychologist explains in the words of Dr. Prosper Despine: "The ideas which the imagination conceives under the influence of passion are taken for realities." No wonder that "Shakspeare" should make the unhappy Hamlet say to "Horatio," "Give me that man that is not passion's slave, and I will wear him in my heart's core, aye in my heart of heart, as I do thee?" And it is this psychological knowledge that made "Mr. Maudsley" pray, in the words of the Arabian philosopher: "O God be kind to the wicked; to the good thou hast already been sufficiently kind in making them good;" and when we hear of these crimes so difficult to comprehend let us just remember that moral imbecility is not confined to the intellectual imbecile, and that we very frequently find it existing where we least expect to find it, and, while we carefully guard ourselves against the intrigues of these moral imbeciles, remember that "we cannot gather grapes from thorns, nor figs from thistles."

ON THE ANTAGONISTIC ACTION OF BELLADONNA AND OPIUM.

By CHARLES BLACK, B.A., M.D.

PITTSBURG PEN., U.S.

As cases of poisoning by opium and belladonna are becoming very frequent, the notes of the following cases may be of general interest. In most of the cases, the quantity of the drug taken was sufficient, under ordinary circumstances, to have caused death; and in all, the effect of one drug in nullifying the physiological action of the other was most marked. The results of the treatment of the cases of opium poisoning were such as to prove that we have in belladonna, or its alkaloid, atropia, a most valuable means of treating such cases; one upon which we can rely, and one which we need not fear to use heroically if necessary. I am aware that in some cases it will fail, as will the most perfect chemical antidotes in cases of poisoning by the mineral salts and acids.

Case I.—G. R., æt. 8, a girl of highly nervous organization, was placed under my treatment for enuresis, which had resisted all ordinary tonic treatments: iron, nux vomica, cold baths, had all been tried without any benefit. I resolved to give belladonna a trial, and gave one-sixth of a grain of the solid extract three times a day in some bitter tincture. On the evening of the first day she had taken the drug, I was sent for in haste to see her, "as she was talking and acting so queer." I found her delirious, pupils widely dilated, extremities cold, and marked double vision. She had taken three doses of the medicine. I gave her an emetic of ipecac, which acted promptly, bringing up a quantity of popped corn which she had eaten in the morning. I then gave hydrate of chloral gr. iij and pot. bromide gr. v every hour. After taking three doses, there was no improvement in the symptoms. I then omitted the chloral and continued the bromide through the night. I called at 7 a.m., found her still awake, pupils dilated, great prostration. I left two powders containing half a grain of opium each, to be given one hour apart.

At 3 p.m. I returned, and found her sleeping quietly. I was informed that, after taking the second powder, she fell into a quiet sleep. The pupils were now contracted and extremities warm. She slept, in all, fourteen hours, and awoke quite rational, without any ill results from the various hypnotics she had taken. I need hardly say I discontinued the belladonna, and cured the enuresis with quinine and blister to spine. Here, the effect of the opium in modifying the action of the belladonna, after the failure of the chloral and bromide, was most marked.

Case 2.—Mrs. W., æt. 34, was under my treatment. She was in the last stage of tubercular phthisis. I had great difficulty in controlling the night sweats. The mineral acids, zinc, oxide and sulphate, were tried with but little benefit. I gave her a two drachm vial containing 1 gr. sulphate of atropia, with directions to take one drop each evening, and repeat it in two hours if no ill effects were observed. This she continued for about a week, with no improvement. One evening she poured out about half a small teaspoonful of the solution, about 30 drops, as near as two could estimate and took it *at one dose*, determined, as she afterwards said, to see if there was any good in the stuff. In a short time she felt great oppression and numbness, was barely able to alarm her friends, and fell insensible on the floor. I was sent for, and found her on the bed, breathing with difficulty, unable to articulate, pulse barely perceptible, pupils dilated. Her mother informed me that she said she would take a good dose of those drops that evening. I found the vial half empty.

I immediately gave ½ gr. sulphate of morphia hypodermically. In a short time the pupils began to contract, the pulse became fuller, and in about half an hour she was able to speak. I then gave aromatic spirits of ammonia and brandy, and she was able to give a connected account of her symptoms. She made a good recovery from the effects of the atropia, although she complained for several days of a feeling of numbness, and the pupils again dilated for several hours. Here it is evident that, but for the morphia, she would have died. Its effect, in promptly alleviating her very alarming symptoms, was all that could be desired.

Case 3.—The wife of a medical friend sent for me, as her husband had taken some 5 grs. of opium, and she found he had taken an overdose. He was asleep, evidently deeply narcotized. With some difficulty I aroused him, and gave 3 grs. of ex. belladonna. In about 20 minutes the pupils began to dilate, and he was easily aroused. The narcotic effects of the opium were antagonized, and he felt no desire for sleep for several hours. All the peculiar physiological effects of the belladonna were fully developed.

Case 4.—I was sent for in haste to see a child æt. 16 months, who had been given about half a teaspoonful of a liniment of equal parts tr. opium and arnica in mistake for syrup of rhubarb.

It was fully under the influence of opium, and could with difficulty be aroused. The parents had given it strong coffee, and, as over an hour had elapsed, I deemed it useless to give an emetic. I ordered tr. belladonnæ gtt. iij. every hour, and called in four hours to see it. It was awake, pupils dilated, and had evidently no desire to sleep. I discontinued the belladonnæ, and the child recovered without any ill effects.

Case 5.—I was called one Sunday morning to see Miss M., æt. 26, who had taken intention-

ally, in a state of mental depression, about one ounce and a half of tr. opium. I saw her about three-quarters of an hour after she had taken it; she was being kept awake with difficulty. I gave her at once an emetic of two-thirds of a tincture vial of sulphate of zinc, which I had in my pocket case, and followed it by some ipecac and copious draughts of warm water. This failed to cause emesis, although I tickled the fauces. After waiting for some time, and the narcotic effects of the opium becoming deeper, I went to the office, and made a solution of sulphate of atropia, one grain to two drachms, of which I injected hypodermically 5 minims. In about 10 seconds the pupils began to dilate, and in a short time copious emesis took place, the vomited matter smelling strongly of the opium. In about half an hour the narcotic effects of the opium passed off, and there was no further difficulty in keeping her awake. The pupils remained dilated for some hours, and she complained of numbness and double vision. After two hours sleep in the evening these symptoms passed off. This case is interesting: (1) from the amount of opium taken; (2) from the failure of the emetics to act until the physiological action of the atropia was manifest; (3) from the promptness with which the atropia antagonized the narcotic and sedative action of the opium. I am confident that, without the aid of the atropia, I would have failed to save the patient's life, as the tincture is so rapidly absorbed that the stomach pump would have been of little service.

I place these cases upon record in the hope that some of your readers will give their experience of similar cases, and that others may be induced to try the effect of the belladonna or its alkaloid in those cases of opium poisoning which come more or less frequently into the hands of every practitioner.

November 23, 1879.

Correspondence.

Editor CANADA MEDICAL RECORD.

I was a short time ago requested by one of your staff to give the readers of your paper a few facts in my experience as a practical sanitarian. I know that I cannot advance anything that would be new to the scientific readers of your journal, but it occurred to me that a few facts in regard to the drainage and water supply, in view of the present prevalence in Montreal of a class of complaints that are generally allowed to proceed to a great extent from bad drainage, ventilation and water, might awaken a fresh interest in the subject, and result in some permanent good being done.

1st. Inspected a house in the country at the request of the attending physician, as the general health of the family had been bad for a long time, they having suffered from a class of complaints that would indicate bad drainage, &c. Found under the floor a wooden drain with rotten cover, and soil saturated with sewage; trap on W. C. non-effective; W. C. foul; situation very bad; ventilation so arranged as to poison the room above it, a sleeping apartment occupied by a young man suffering for a long time from general ill health. No trap on kitchen sink; water supply cistern connected directly with the sewer without traps in the overflow pipe. On my reporting latter fact to the family, and expressing my surprise that they had not all had typhoid fever, they exclaimed in chorus, "Oh! we have all had it." The defects were partly remedied, the proprietor of the house not being willing to carry out all my suggestions on account of expense; result—improved health of the family, and I was yesterday informed by the proprietor that the result was satisfactory, he adding, "if your city houses were arranged like mine, you would have no typhoid."

Yours, etc.,

J. W. HUGHES,

Practical Sanitarian.

Montreal, December 6, 1879.

Progress of Medical Science.

HYDRATE OF CHLORAL AND BROMIDE OF POTASSIUM ENEMATA IN THE VOMITING OF PREGNANCY.

Dr. D. B. Simmons, of Yokohama, again calls attention to this method of treatment. Further experience still more impresses him with its usefulness. The amount of each drug and the frequency of its administration depend on individual susceptibility to its influence, but in general the dose of twenty to thirty grains of each dissolved in gum-water may be injected, at short intervals, until a moderate degree of narcotism is produced.—*American Journal of Obstetrics*, April, 1879.

ON THE TREATMENT OF ENLARGED PROSTATE.

By Washington L. Atlee, M.D.

Read before the Philadelphia County Medical Society.

One of the most troublesome, annoying, and distressing diseases that I have been called upon to treat during a long professional career, and one whose treatment until recently has been most unsatisfactory, has been Enlargement of the Prostate. As this has been the universal experience of the profession, I need not collate and record the past history of the treatment of this malady. So far as a reduction of the size of the gland is concerned, it has been an entire failure. The mechanical obstruction to micturition was considered to be a permanent difficulty, and required mechanical means to overcome it.

Neither need I lengthen this paper by detailing the symptoms of this disease, as every member of this Society must be too familiar with them.

I wish merely to call your attention to a few anatomical, physiological, and therapeutical facts, which led me to institute a rational practice in the treatment of enlarged prostate and which, I am happy to say, has proved highly satisfactory, and has surprised me in its results. My experience has now extended over several years, and although the success of the practice is, perhaps, not what many could wish, yet it accomplishes results heretofore unknown.

"The prostate is essentially a muscular body, consisting of circular or orbicular involuntary fibres, with one large central hole for the passage of the urethra, and another smaller oblique opening, directed upward below the former, for the transmission of the common ejaculatory seminal ducts to the central urinal canal ... Its circular fibres are directly continuous behind, without any separation, with the circular fibres of the bladder." *Ellis.* "The prostate is thus essentially a circular involuntary sphincter to the neck of the bladder, and expeller of the seminal fluid; but although it contains many mucous glands and follicles, intermixed with muscular fibres, it is by no means entitled to the name of *gland.* It contains, further, a small vesicle or uricle, at the mouth of which the ejaculatory ducts open, and which is believed to be the male homologue of the female uterus." *Dewitt.*

Besides the involuntary muscular tissue which enters into the composition of the prostate itself, the vessels of the gland have also in their coats the unstriped or involuntary muscular fibre. The same exists in the coats of the bladder in a very marked degree.

These involuntary muscular fibres are more or less extensible, and, when normally stretched, have an organic tendency to contract. This we see in the uterus, in the bladder, and in the diastole of the vascular system.

Now, these are the anatomical and physiological data on which I propose to base my treatment of enlarged prostate.

Let us further inquire into the pathological condition of this enlarged organ, and its consequent derangements:—

"The affection consists in a hypertrophy or enlargement of the natural muscular structure, and incidentally of the glandular. It may affect the whole organ, especially the lateral lobes, pretty uniformly, in which case the prostatic portion of the urethra is greatly lengthened; or it may affect one side more than the other, in which case the canal will be twisted; or it may affect the posterior median portion, which lies between the ejaculatory ducts, enlarging it into what is commonly called the *middle or third lobe* ...Hypertrophy or derangement of the muscular fibres at and near the *trigone* may produce a transverse bar at the neck of the bladder. The enlargement, further, may be due to an increase of the organ generally; or to the development of one or many masses of fibrous tumor, exactly similar in structure to those connective masses of muscular fibre which are developed in the womb, and are commonly known as fibrous tumor." *Druitt.*

It is well known that, in consequence of this enlargement of the prostate, the accumulation of urine becomes excessive, the obstruction to its passage becomes serious, the coats of the bladder become enfeebled and semi-paralysed, irritating deposits occur that are never voluntarily expelled, and that the catheter is the usual and only resource. Anything, therefore, which is calculated to diminish the size of the prostate and increase the contractile power af the bladder will meet all the indications required.

Have we any agent in the materia medica possessing the power to act upon unstriped muscular fibre and cause it to contract? It is settled now, beyond contradiction, that we have such an agent in *ergot*, and that in all cases of relaxed or stretched involuntary muscular fibre this medicine will meet the requirements. Witness, for instance, its action upon the enlarged uterus, the distended bladder, in hemorrhages, in congestion of the capillaries, etc. It is calculated not only to contract the muscular fibre of the prostate, but also its capillary vessels primarily, and also, secondarily, as a consequence of muscular contraction, and thus diminish the size as well as the nutrition of the gland. It is likely to accomplish this not only in mere hypertrophy, but also in enlargement from myomatous growths, in the same way as it does in fibroids of the uterus. At the same time that the size of the organ would be lessened and the mechanical obstruction be removed, the power of the bladder would be augmented by the same agent, and the urine is thus expelled without the aid of the catheter.

I may reduce these views to the three following propositions :—

1. That the prostate and its vessels are possessed of unstriped muscular fibre.

2. That the bladder is a hollow organ, with an involuntary muscular coat.

3. That ergot will contract unstriped or involuntary muscular tissue, as it does in the uterus.

Therefore, as a corollary, ergot ought to be a remedy for enlarged prostate and its effects.

This was the theory on which I based the practice; and whether the rationale is correct or not, my experience in the use of ergot in such cases had been most satisfactory. Several patients over sixty years of age had been treated with ergot, and have been able to lay aside the catheter after having been the victims of its daily use. When called to a case of retention from enlarged prostate, my rule is first to relieve the bladder by means of the catheter, and follow this immediately by ordering twenty drops of the fluid extract of ergot every four hours, until the patient gets entire control over his bladder. Until this is accomplished, I continue to relieve him with the catheter every twelve hours. As his power of urination is restored I diminish the frequency of the medicine, and gradually end in giving a dose every night. A gentleman who died last month, at the age of ninety-two, was exceedingly ill in August, 1872, in consequence of retention of urine from enlarged prostate, and had to be regularly catheterized for relief. He was placed upon the above treatment, and in a few days was able to do without his cathether. His urinary organs were kept in a good condition by taking a dose of ergot every night, and he enjoyed much better health in consequence, and died recently of old age. I mention this case in particular, because a post-mortem examination proved to me that the prostate had been diminished in size by the treatment.

In these cases it is very common for sedimentary deposits to accumulate in the bladder, which becomes a source of irritation and discomfort, and, if the organ should fail to expel its contents entirely, it is best every few days to introduce the catheter to remove them.—*New Orleans Med. Journal.*

ADMINISTRATION OF ETHER.

BY H. F. WILLIAMS, M.D.

It is conceded that for general surgical purposes ether is the safest anæsthetic known. It is not the object of this paper to further discuss this fact. I desire to show what probably is known to all of us, but what many seem to have forgotten. First, that it is the most *disagreeable* anæsthetic when carelessly and thoughtlessly administered. Secondly, that to the careless administration of ether are due some adverse surgical results. Thirdly, a few practical suggestions concerning its administration, which will render it less objectionable.

Three times in my life I remember to have been nearly suffocated. Once when a boy by being held under water by some hostile companions; again when attempting to remove some articles of furniture from a room filled with smoke, in a burning building; and about six years since by an ether cone, in the hands of some brother physicians, who anæsthetized me experimentally. I assert now, with all candor, that of the three experiences, the last was the most suffocatingly complete. I can remember distinctly the sweet relief that approaching unconsciousness afforded, and during that period of dreaming that I was dead, and of my desire to communicate to my friends the fact that they had strangled me.

If the question was asked of any member of this assembly, Do you suffocate your patients while administering ether? we should probably receive an indignant answer; yet I venture to assert that we have all done so. And when we look for a moment to the prevailing customs, we will be forced to admit that we are still doing so.

The inventive genius of the nineteenth century has expended no little of its energy on ether inhalers. I have hardly a kind word for any of them, and certainly nothing but condemnation while the patient is conscious. We are all familiar with what is claimed for them. They fit the face accurately; they supply air evenly, but in restricted quantities; they economize time and ether, etc. The more surely are these indications met, more surely are we bound to produce primary suffocation.

It is not always easy to persuade the patient that her predecessor in the use of the inhaler did not temporarily mistake it for the cuspadore, and after a little use the evidence is discernible by both sight and smell. It is true they can be cleansed, but ordinarily a little washing in cold water is all the cleansing they receive.

We are led from experience to expect the "*period of excitement*," but it is an interesting question what relation the injudicious application of the inhaling apparatus has to the causation of this. In the first few inspirations a proper regard for the patient's request is observed; very soon, however, he is considered irresponsible for his ideas, and force is required to restrain him. A man will fight for breath as long as he has breath with which to fight, and he is past all persuasive influence when he begins to experience the sensations that he can properly mistake for approaching death; hence he struggles until he is overcome by exhaustion, or overpowered by brute force. Patients in this condition have to be controlled, but I

know that a little thoughtfulness will rarely render force called for. In other words, "period of excitement," "taking ether unkindly," are terms synonymous with carelessness and thoughtlessness on the part of the administrator. Is it not probable that systemic conditions demand, in time of surgical necessity, all possible tranquility of circulatory and nervous action? And this brings me to my second proposition.

2d. To the careless administration of ether are due some adverse surgical results.

There can be nothing salutary to the most trivial operation in the chain of phenomena that begins in suffocation and ends in exhaustion and nausea.

If we look for a moment at the physiological inspiratory act, we find that air enters the nostrils, and during its passage to the larynx and trachea it encounters anatomical regions that serve to purify it and moderate its temperature. In health and in ordinary exercise breathing can be conducted properly; but when from causes like a closure of the nasal passages from influenza, or from over-exertion, air cannot enter the lungs in sufficient quantities, the mouth is brought into requisition and we respire comfortably. If the over-exertion is continued, soon the accessory muscles of respiration are called upon for over-action, to free the lungs of their rapidly increased burden. But it is clear that the mouth was never intended as a respiratory passage, and when from indiscretion or necessity over-exertion is made in a cold atmosphere, the bronchial mucous membrane suffers. Thus in a cold winter's morning we involuntarily avoid continued conversation, and the amount of exercise we take is proportionate with our normal breathing capacity. Violence of action at this time leads directly to congestion, possible hemorrhage or pneumonia.

The vapor of ether is as frigid a medium as we are likely to inhale in the north temperate zone. Given the conditions I have previously described, and we have all the essential elements to cause any amount of pulmonary mischief.

Observing the usual instructions concerning the patient's preparatory condition—selecting pure and fresh ether—being provided with general and cardiac stimulants—it has been my practice to administer ether in the following manner: Being provided with a sponge slightly excavated, and surrounded by a towel or paper, or both, to prevent any unnecessary escape of ether, the patient is apprised of the sensations that will supervene until unconsciousness is reached.

Complete confidence having been attained, the patient, lying down, is directed to close his eyes and breathe quietly through his nostrils. During inspiration the sponge is applied, so that a good admixture of air is taken; it is then quickly removed. Those who have experienced the simple removal of an unnatural and obstructing substance from the nose and mouth can best appreciate the great relief this will occasion, especially as the process continues.

Inspiration again occurring, the sponge is again applied and removed as before; this continuing, the patient is gradually accustomed to the ether, becomes unmindful of the successive invasions of the sponge at each rhythmical application. Soon the sponge can be retained in position for awhile; but at the first indication of discomfort it should be removed and applied as before until the patient becomes indifferent to its presence, or unconscious.

I have in this manner produced anæsthesia without a movement on the part of the patient of any importance.

I have quieted others when the contest raging between them and their subduers seemed very uncertain.

Still it is not always productive of such good results. Ether is an intoxicant, at best, and we cannot expect rational actions from giddy cerebri; but I claim that the delirium will be less violent, and the exhaustion less, if the patient's last conscious act is not an attempt to free himself from a hard concave inhaler in the hands of a thoughtless physician.—*Abridged from the October proceedings of the Medical Society of Kings County, New York.*

RECENT PROGRESS IN THE TREATMENT OF CHILDREN'S DISEASES.

By D. H. Hayden, M.D.

On the Use of Benzoate of Soda in Diphtheria.—Dr. Ludwig Letzerich.* The author's studies of the above remedy in diphtheria were instigated by the experiments carried out by Graham in the laboratory of Professor Klebs, in Prague. The cases subjected to treatment, in addition to numerous sporadic ones, embraced twenty-seven, which came under his care during an epidemic of the disease in Berlin. Of these, three were adults, and the remaining twenty-four children; and eight were severe cases, with extensive local affections and dangerous general symptoms. None had been subjected to any other treatment, whether local or internal. There was a fatal result in only one case, a child, who had been much run down in health before the attack, who was badly nourished, and who had a disposition to trouble of the respiratory organs. Of the eight severe cases three were boys and five girls, and their ages were

*Berliner klinische Wochenschrift, February 17, 1879.

*Vide Archiv fur experimentale Pathologie und Pharmakologie, von Klebs, Schmiedeberg, und Naunyn., Band x., Heft 3 und 4.

between five and eight and a half years. In all these cases there were high fever, delirium, retention of urine and of fæces, existing often before the extensive local affection had made its appearance. In the blood there were found numerous bacteria and plasma corpuscles (*Plasmakugeln*), from which, by cultivation in veal broth, very large colonies of micrococci became developed.* This development, in the chambers for cultivating the micrococci (*Kulturkammern*), at a temperature of 86 degrees to 95 degrees Fahrenheit, was completed in a few of the cases before the extensive exudations upon the tonsils and pharynx had made their appearance—a proof that the general infection often takes place a long time before the localization of the disease makes its appearance. This is well illustrated in typhoid fever.

What is the action of benzoate of soda in diphtheria? It has been shown, the author alleges, by the experiments of Graham, that certain quantities of this remedy, when introduced into the system of an animal infected, will in a certain time put a stop to the "vegetation of the diphtheritic poison," the amount necessary for this purpose being determined by the weight of the body. In this manner, accordingly, the dose for children and adults is regulated, and it is claimed by him that, up to the present time, there is no other remedy that exercises so rapid, continuous and therapeutic an effect upon the development and course of the diphtheritic process as benzoate of soda. His formula for infants under one year old, is:

℞. Sodæ benzoat. pur ..5.0 or Sodæ benzoat. pur.. ʒ i.
Aquæ destillat., Aquæ destillat.,
Aquæ menth. ppt..aa 40.0 Aquæ menth. ppt.aa ʒ i.
Symp. cort. aurantii..10. Symp. cort. aur. ʒ ij. M.
S. One half tablespoonful every hour.

The dose for children between one year and three years of age is given as seven to eight grammes (two drachms) dissolved in three and one half ounces of the vehicle, the whole amount being given in the course of the day in half to one tablespoonful doses. For children between three and seven years of age eight to ten grammes (two to two and one half drachms) are given in the same way. Those over seven years old take ten to fifteen grammes (two and one half to four drachms), and for adults the dose is fifteen to twenty-five grammes (two and one half to six drachms) daily in four and one half ounces of the vehicle.

An unpleasant after-effect of the medicine has never been observed, not even in young infants.

The diphtheritic membrane was treated with benzoate of soda in powder, being sprinkled on or applied though a glass tube or quill. There is no slough formed, and thereby the danger is averted of its acting as a firm covering under which an energetic development and growth of the organisms can take place.

The insufflation was made every three hours in severe cases; in the milder forms two or three daily. With older children a simple solution of the salt (ten to two hundred) was used as a gargle.

The author cites the following case as a typical illustration of the way the medicine acts upon the general infection, the effects being quite uniformly noticed after twenty-four to thirty-six hours:

W. L., eight years old. Treatment began on June 19, 1878, the second day of the disease:

June 19th,	evening,	106.3°	Fahr.	pulse 136
" 20th,	evening,	102.2°	"	" 124
" 21st,	morning,	101.6°	"	" 114
" "	evening,	100.4°	"	" 112
" 22d,	morning	99.5°	"	" 104
" "	evening,	98.6°	"	" 104
" 23d,		normal,		normal.

In the above case the membrane on tonsils was very extensive, and was powdered. On the second day of the disease it became circumscribed, thinner, and somewhat more transparent, and on the 5th had nearly disappeared. The medicine was continued a few days after this date, but at longer intervals, and the small exudation spots were powdered twice daily, until the last remaining portion had completely disappeared on the eighth day of the disease.

The records of many other children, equally severely affected, and of different ages, gave nearly the same results as the above, and the effects of the medicine were always the same. The author recommends this remedy highly in gastric and intestinal catarrh, particularly of infants, and states that at times the results are surprising in these latter cases. He recommends it likewise in (*Mycotischen*) catarrh of the bladder, and firmly believes in the statement of Klebs (to whom we are indebted for the employment of benzoate of soda), that it is to be recommended in all diseases which originate by infection.—*Boston Medical and Surgical Journal.*

A GIANT BIRTH—THE CHILD WEIGHING TWENTY-THREE AND THREE-QUARTER POUNDS.

By A. P. Beach, M.D., Seville, Ohio.

At the request of many readers of the *Medical Record* I am persuaded to report a case of labor which I attended a few weeks ago. The great size of the child at birth was the remarkable feature of the case, it being probably the largest human birth on record. It perhaps would be well to state here, that when we take into consideration the immense proportions of the parents, the size of the child need not astonish us. The mother, Mrs. Capt. M. V. Bates, whose maiden name was Annie Swan, of Nova Scotia, stands 7 feet 9 inches in height. Capt-

ain M. V. Bates, formerly of Kentucky, is 7 feet 7 inches in height. These large people have, undoubtedly, been visited by many of the readers of this journal, as they have given public receptions in nearly all of the large cities and towns of Europe and America.

At 12, M., January 15, 1879, I was called upon to attend this lady in confinement, it being her second labor. I found her surrounded with competent attendants, and everything in order and at hand that would in any way add to her comfort and convenience. Her pains were quite infrequent and light. After a convenient time, with my patient in the usual position, I proceeded to make an examination, but was unable to reach the os uteri, it being so far up. I could not with my hand, by any ordinary effort, make a satisfactory examination, but concluded that she was in the initial stage of labor. She remained in much the same condition for the next 24 hours, passing the night comfortably, and I saw no necessity for any interference with the order of things. At the end of 36 hours the pains became more frequent, and on examination I found the os dilating and labor progressing favorably. The head engaged: position, second occipito-anterior. Notwithstanding the long interval between pains the head made good speed through the depth of pelvis. At 4 p.m., on the 18th, while conducting an examination during pain, the membranes gave way spontaneously and the amniotic fluid came pouring out so profusely as to startle every one. I had my patient very close to the margin of the bed, as was necessary in order to facilitate manipulation on account of her great size.

The bed was well protected with rubber blankets, which carried the waters over the side of the bed where they were caught in vessels to the amount of five gallons. That lost by absorption and evacuated with succeeding pains, would make the total of water not less than six gallons. This was, undoubtedly, a case of dropsy of the amnion, co-existent with general dropsy, from which she suffered to some extent during the last months of pregnancy.

Soon after the rupture of membranes the fœtal head was disengaged, and in the soft parts. The mother was in good condition, the fœtus seemed strong and healthy, and everything indicated a speedy and successful termination. But here the trouble began. After the escape of the waters all pain ceased. The great abdominal muscles which had been so much distended lay lax over the fœtus like the blanket which covered the person of the mother.

Inertia was complete. There was no pain except as the result of manipulation. Ten grains of quinine, Squibb's ergot, and brandy were administered. The forceps were resorted to early, but all to no purpose. The forceps could not be successfully applied because of the unusually large head which lay, with the neck, in a vagina that would measure on its posterior aspect 12 inches at least, and from 7 to 9 in its anterior. The safety of the child was my great fear. The head was seemingly almost born, but the shoulders were fast. How to disengage them was the question. The hand could not be passed to reach the shoulder. I had telegraphed to Dr. J. D. Robinson, of Wooster, O., who now came to my assistance. He attempted the use of the forceps with but little success. The child could not be so drlivered. After further consultation, as it was our great desire to deliver if possible, without mutilation, we passed a strong bandage over the neck of the child and while one made downward and lateral traction, the other after several attempts succeeded in bringing down an arm, and finally after a laborious siege we succeeded in delivering our patient of a male child. It weighed 23¾ pounds; its height 30 inches; breast measure, 24 inches; breech, 27 inches; head, 19 inches; foot, 5½ inches in length. The secundines, which were soon removed, weighed 10 pounds. The mother was considerably exhausted, but is making a good recovery. Mrs. Bates, six years ago, gave birth to a dead child in London, weighing 18 pounds, and 24 inches in height. She was attended at the time by one of the celebrated obstetricians of that city, who encountered the same difficulties in delivery that I had.

[We believe that this is the largest infant at birth of which there is any authenticated record. Cazeaux refers to one that weighed 19 pounds. There is a fœtus in the London Hospital Museum 24 inches long. The average length is 20 inches; average circumference of head 13½ inches. The placenta usually weighs one-sixth as much as the fœtus. In this case the secundines in all weighed nearly half as much as the child.]—*N. Y. Medical Record.*

PRURITUS VULVÆ.

In the October number appears an article from the editor on "Pruritus Vulvæ," which reminds me of a case which came under my care about two years ago. The lady was married, about thirty-three years of age and the mother of one child, born about seven years ago. When called to her, found her suffering the most intense agony from pruritus vulvæ; in fact was almost distracted, her distress was so great. She had been suffering for twenty-four hours, and been using such domestic remedies as occurred to her mind, and, on account of the nature of the malady, felt a delicacy in making her situation known.

Upon examination found the external geni-

tals somewhat swollen and covered with minute vesicles; the inner side of the labia, urethra and entrance to vagina extremely red and tender; did not examine with the speculum. There was a slight leucorrhœa. I prescribed as follows:

R. Soda Borate Pulv..... 1 drachm.
Plumbi acet..... ½ drachm.
Tr. Opii..... 1 drachm.
Aqua Distil..... 8 ounces.
M. ft. sol.

S. When used dilute with one-fourth the quantity necessary of warm water. Apply freely on cloths saturated with this solution to the external parts affected, and also between the labia—this to be repeated two or three times every fifteen minutes or twenty minutes. Then inject one ounce of solution into vagina with a common glass syringe. This greatly ameliorated her sufferings. These applications were immediately followed by a free application of:

R. Glycerine..... 1 ounce.
Acid carbolic..... 20 drops.
M.

The relief was immediate and complete. The pruritus returned subsequently in a very light form twice, but in each instance relieved immediately by the same remedies. About two years previous to the first attack, I treated the same lady for chronic inflammation and erosion of cervix uteri. Did this have anything to do with the pruritus? This lady enjoys fair health, is regular in her menstrua, but has no children.

I treated a lady only a few months since with the same course, and a like result. This lady was pregnant, supposed to be in her third month, but otherwise enjoyed good health.

Athill recommends in such cases, that the patient, after she had syringed or sponged herself with warm water, to lay inside the labia pieces of lint soaked in a lotion composed of carbolic acid, ten grains; acet. morphia, eight grains; dilute hydrocyanic acid, two drachms; glycerine, four drachms; and water, four ounces. M.

I have given the foregoing as additional sources and modes of relief in this very delicate, annoying and distressing affection. Of course, if the constitution was much depraved, the appropriate constitutional remedies should be applied.—E. Mendenhall, M.D., Indianapolis, Ind., in *Obstetric Gazette.*

CARBOLIC ACID IN SHINGLES.

Dr. Lamberti reports, in the *Revista Clinica di Bologna*, a case of herpes zoster, or "shingles," which he cured in a single day by means of carbolic acid. He painted carefully the vesicles with the liquid acid, using a camel-hair brush, and then covered the whole part with a thick layer of cotton-wool. It caused severe burning pain for two hours, after which ease was obtained, and the patient, having received a dose of chloral hydrate, fell asleep, and awoke the next day feeling quite well. Nothing more was done, but the cotton-wool was left on for three days. On its removal then the vesicles were all dried up, the crust adhering to the cotton-wool, and the spots that remained were not in the least tender. A saline purgative and a drink containing bicarbonate of soda were the only medicines taken. No return has occurred after two years, and Dr. Lamberti thinks this method of treatment may frequently prove of great value.—*Boston Journal of Chemistry.*

INCONTINENCE OF URINE.

In the *British Medical Journal* Dr. J. C. Flood recommends tincture of Cantharides in minim doses, with tincture of the chloride of iron, given thrice daily and in gradually increasing doses. Mr. Holderness suggests the following:

℞ Acidi benzoici,..... ℈ii;
Syrupi aurantii,..... ʒii;
Aquæ,..... ad fʒvj.

A sixth part three times a day.

The third dose should be given in bed, the bladder having been previously emptied.

Another correspondent suggests the following combination:

℞ Potassii bromid.,..... ʒj;
Extract. belladonnæ,.... gr. iv ad vj;
Infus. digitalis,..... ad fʒviij.

For an adult, half an ounce twice a day. For a child, a drachm, three times.

EXTERNAL USE OF DIGITALIS IN SUPPRESSION OF URINE.

Dr. C. P. Russell, in *British Medical Journal.*—A married woman, aged 35, was attacked by acute albuminuria. The disease resisted the usual remedies. She became extremely œdematous, with congestion or œdoma of both lungs. Respiration rapid and pulse weak and rapid. She became semi-comatose, and there was suppression of urine for 36 hours.

The case appeared hopeless, but having read in the *Journal* of a case in which the external use of digitalis was effectual in restoring the secretion of urine, I determined to try it. I ordered a half ounce of the tincture on a large linseed-meal poultice, to be applied to the abdomen. Next day I was agreeably surprised to find her vastly improved, quite conscious

and cheerful. The œdema was very much diminished, respiration was easy and the pulse nearly natural. I was informed that, in one hour after the application, a copious flow of urine commenced and continued all night—and, what was very remarkable, the urine which the day before contained a large quantity of albumen, was now quite free from it. Convalescence was rapid, and she is now quite well.

THE TREATMENT OF URTICARIA.

This troublesome affection has proved so unyielding to treatment that the medical profession will doubtless receive with pleasure the account of the successful results following the use of atropia, reported by Schwimmer, (Pest *Med. Chi. Presse*, 1878.) He gave in a case of urticaria of one year's duration, the following prescription, viz.:

℞ Gr.

Atrop. Sulphat, .01
Aq. Destil,
Glycerin, aa. 2.
Pulv. Tragacanth, q S. f. pil. No. X.

M. S.—One pill twice daily.

By the third day remarkable improvement was noticed, and a rapid and lasting cure was attained. In another case of chronic urticaria with hyperidrosis, 1 milligram of atropia daily for eight days secured a perfect cure. A third exceedingly obstinate case yielded rapidly to the same treatment.

EXTERNAL APPLICATION OF THE BBOMIDE OF POTASSIUM.

The good effects obtained from bromide of potassium in all reflex irritations due to teething are well known, but M. Peyraud claims that better results can be obtained from direct local applications of the remedy to the gums, than from its internal administration. He uses a mixture of the bromide one part, to honey six or seven parts, with sufficient water to dissolve the salt, and enough alcohol to preserve the mass. This should be gently rubbed on the gums four or five times a day; in cases of diarrhœa caused by dentition, a few drops of Sydenham's laudanum may be added with advantage. The bromide acts as an anæsthetic to the mucous membrane, as a caustic to excoriations, and through its effect on the general nervous system. It quiets immediately the urticaria of dentition, and under its influence those excessively nervous children in whom the eruption of the teeth is irregular and difficult, pass through this period without convulsive phenomena.—*Journal de Medicine*, August 1879.

ECZEMA.

(From *La Tribune Medicale*, by Dr. Brame, of Tours.)

The basis of treatment is cold tar. It is a purifier and antiseptic. It may be mixed with glycerine or olive oil. When the disease is stubborn, iodide of silver may be added. A simple purgative aids. When the eczema is very persistent, small scarifications may be used also. Sometimes the chloride or bromide and cyanide of silver have been used on the scalp and scrotum and around the ears. The iodide of lead should be reserved for the lichenoids eczema, forming very hard crusts. The iodide of mercury should only be used in syphilitic eczema. Iodurretted calomel can be successfully used, and when ptyriasis is conjoined, a pomade of oxide of mercury should be added. When the boils are large, punctures with dissolved tannin or iodide of silver should be used. In exceptional cases, the sulpho-cyanide of iron and tannin—both dissolved in iron—are used. Sulphate of soda is a good purgative in this disease.

PHOSPHATE OF LIME.

This is a medicine much under-valued. It builds up the constitution by aiding digestion and nutrition, and enables the bony system to grow much faster than without its use. It can be made into a syrup and given to children with rachitis. A fracture of the anatomical neck of the humerus was healed in thirty-two days by its use. Several other fractures were healed in fifteen to twenty-five days, when without it the bony growth would have been much slower. During pregnancy, the lacto-phosphate of lime should be given for the growth of the fœtus, especially in women of such constitutions where the drain on the system is very great, and even then the child will be born sickly and with weak bones.

BATHS, AND HOW TO TAKE THEM.

From Health Primer, "Long Life, and how to reach it," by J. G. Richardson, M.D.

It is related of the celebrated but eccentric Dr. Abernethy that upon one occasion a child was brought to him suffering from some disease of the skin, it is true, but in a far worse condition from want of cleanliness. The doctor, seeing at once that this latter misfortune was the cause of the former, said to the boy's mother, "I can soon cure your son, if you will strictly follow my directions. Get a large tub, fill it every day two-thirds full of warm water, put the little fellow into it, and then rub him all over with the best Castile soap and a coarse towel." "But, doctor," exclaimed the astonished woman," that would be giving my child a bath."

"True," replied the physician, "it is open to that objection."....

For purposes of cleanliness, the baths *par excellence* are those of warm water, this term being applied to the ones in which water of a temperature from 70° to 80° is employed. Liquids of this degree of heat usually give a sensation of warmth when placed in contact with the human skin, and therefore avoid the disadvantages of the shock to our systems produced by a cold bath (that is below 60°), and the excessive stimulation resulting from a hot bath (that is, one of 85° and upward). Soap or alkali in some form is necessary to remove the fatty matter poured out by the oil glands already described, and for most people there is nothing better than the old-fashioned white Castile. Many persons are apt to remain too long in a warm bath, and care should be taken to avoid this mistake, which has a very debilitating effect if often indulged in.

The frequency with which a bath should be repeated varies somewhat with different individuals.....A safe rule, to which there are of course sundry exceptions, would be to bathe the whole body twice a week in winter and every other day in summer, gradually increasing this frequency to a tri-weekly washing in winter and a daily one in summer, if experience proves that better health is secured by such a habit.

It is very important to avoid being exposed to cool air after immersion in a warm bath, because mechanical obstructions to the outflow of perspiration from the pores being washed away, the amount of fluid poured out upon the skin, and consequently the cooling effect of evaporation from the cutaneous surface is greater, and the danger of becoming chilled is much increased. The condition is accurately expressed by the popular saying that a warm bath "opens the pores," though the exact mechanism by which this opening is accomplished is not so generally understood. Hence it follows that the best time for bathing, with those who are in robust health, yet are liable to take cold, is in the evening, when they can go to bed at once, and so avoid all exposure for some hours afterward. Invalids, however, and those who have delicate constitutions will often find that they endure the exertion of taking a bath best about eleven o'clock in the morning, after digestion of the morning meal is accomplished, and yet before they are tired out with the fatigues of the day.

Hot baths, by which are meant those of a temperature of from 85° to 105° F., are chiefly used in the treatment of diseases as powerful stimulants, and scarcely require notice here. Every parent should remember, however, that a hot bath, causing free perspiration, promoted by wrapping up warm in bed with blankets, will often save children and adults severe attacks of illness, if promptly resorted to after exposure to cold or wet.

Cold baths are invaluable aids in promoting and preserving health, if properly used in suitable cases; but may become dangerous agents, causing even fatal results, if employed by the wrong individuals, at improper times, or with excessive frequency. Very cold plunge-baths —that is those below fifty degrees in temperature—should only be indulged in by the most robust, and even with them it is doubtful whether the shock to the system is not more injurious than the after reaction is beneficial. In every instance the test for the advantage of a cold bath is very simple and easily understood, being merely the occurrence or non-occurrence of this reaction or "glow" as soon as the skin is dried. When such a glow is felt promptly, the bath does good, and may be repeated at the same or a slightly lower temperature; but if reaction takes place slowly, or not at all, the person feeling chilly, and the lips, the skin beneath the nails, and indeed that of the external surface generally, continuing for ten or twenty minutes bluish instead of pink, the bath does harm.

Cool (not ice-cold) sponge-baths are valuable tonics, and may often be advantageously used in delicate states of health. The shock to the system is much less than with the plunge-bath, and the consequent reaction less intense, but the rule for judging of their beneficial influence is precisely the same.

Baths should never be taken immediately after a meal, nor when the body is very much exhausted by fatigue or excitement of any kind nor during nor just before menstruation, and they should be sparingly and guardedly used by pregnant women.

Children and elderly persons ought to employ warm or but slightly cool baths, never below 70° F. In persons of nervous temperament, and the subjects of valvular disease of the heart, cold baths should be very cautiously resorted to; but in robust adults of sanguine or bilious temperament they may be indulged in with much greater freedom.

MAMMARY INFLAMMATION TREATED BY THE APPLICATION OF ICE.

Mrs. H., aged thirty-eight, was confined of her third child on May 31, 1879, and did well for five days. On the morning of the sixth she had a severe rigor, but was better the next day; and on the eighth day expressed herself as feeling so well that I did not see her again until the tenth, when I found her suffering great pain from inflammation of the left breast, which had commenced the day before. Nearly the whole breast was involved, but all below and to the left of the nipple was one hard mass. From past experience I could expect nothing but a large abscess and four or five weeks' trouble-

with certain loss of the breast now and probably for the future also. Remembering Mr. Browne's suggestion in the Journal of May 31st, I determined, with the patient's consent, to try his plan, using a large Chapman's spine-bag filled with ice, which encircled the lower half of the breast. It felt very cold indeed for a minute or two, then a considerable quantity of milk was shot out as from a syringe (no milk had flowed before), the pain abated, and in an hour was almost gone. I now renewed the ice in the bag, and the patient kept it closely applied with her arm, which was protected from the cold by a folded towel. Next morning I found her hugging the ice-bag and loud in its praise. She continued suckling her infant, but she suggested that the baby should not be put to the breast oftener than two or three times in the twenty-four hours. On the fourth day after the commencement of the ice the most careful examination failed to detect anything wrong in the breast, and she is now quite well and nursing her child. No other remedies were used; and I thank Mr. Browne for one of the most valuable hints I have ever got, and wonder why he has not told us before.—*D. M. Williams in the British Medical Journal.*

CUPPING IN CARBUNCLE.

In the early period of my practice, some forty years ago, I used the cups in the treatment of local diseases more often than now. During this period I had to treat a bad case of carbuncle, situated on the back of the neck of an old man. While dressing it one day it struck me forcibly that cupping would be just the treatment for this case. Calling for a large goblet and some cotton, I applied it as a cup, after expanding the air by burning cotton in it. The effects were truly wonderful, drawing out from the interior of the tumor a large amount of pus and corruption, which gave immediate relief. The night following the old gentleman rested for the first time. Since this experiment—the first one of which I ever heard or knew—I have relied mainly on the cups for the local treatment of carbuncle. It fulfills the most important indications in the local treatment of this often troublesome and sometimes dangerous disease. It relieves tension and pain, and limits gangrene of the cellular tissue. It materially shortens the time of cure. With appropriate general treatment the disease is thus shorn of half its pain, duration, and danger. The cups may be applied once or twice a day, or even oftener. If resorted to in the early stage, the scalpel or lancet should be used to induce a free flow of blood. Mere dry cupping at this time would increase the flow of blood to the tumor without relief. I would caution against too severe cupping until pus is formed; I more often use a large, blunt-rimmed tumbler or goblet than any other kind of cup. The size of the opening of the cup should be, if possible, sufficiently large to cover the base of the tumor. An air-pump attached to the cup, if at hand, would be much more manageable and convenient; but the tumbler and cotton may be used with almost equally good effect if adroitly done, besides having this advantage, of being always available.—*Dr. Hunt, in Chicago Medical Examiner.*

DOVER'S POWDER IN THE NIGHT-SWEATING OF PHTHISIS.

WILLIAM MURRELL, M.D., L.R.C.P.,

Lecturer on Practical Physiology at Westminster Hospital, Assistant Physician to Royal Hospital for Diseases of the Chest.

From London *Practitioner.*

It is a noteworthy fact that pathological sweating may be arrested not only by drugs that exert an inhibitory action upon the sweat-centres, but also by agents that in health promote perspiration.

Dr. Leared speaks highly of the Turkish bath as a remedy for the nocturnal perspiration of phthisis. He says, "The direct action of the bath has been more strongly shown in removing night-sweats than in any other symptom."

M. Vignard, of Nantes, recommends sage tea in pathological sweatings. He records the case of a young man who for many years had suffered profusely from night-sweating. It generally began about two or three o'clock in the morning, and was so profuse that it saturated the bed-clothes, and to a considerable extent the mattress also. Sulphate of quinine was tried in vain. At length M. Vignard prescribed the following preparation: "Take of chopped sage a large pinch, of water six fluid ounces. Boil the sage a minute or two in water, let it stand to cool, then filter and sweeten to taste." The perspiration ceased whenever the decoction was taken, but reappeared when it was omitted.

The employment of Dover's powder in the treatment of the night-sweating of phthisis is by no means new, and was, it is said, first suggested by Stokes, of Dublin. In 1861 M. Descamps published a paper giving the result of eighteen years' experience of this mode of treatment. The effect surpassed his expectation, the result being uniformly successful, and the sweating being suppressed from the first. "We possess," he says, "several records of cases of phthisis in which the perspiration was arrested up to the period of death. The powder was generally given in the dose of fifty centigrams (about seven and a half grains) in the evening, at different hours, according to that which announced the commencement of the sweating; and not only was it always observed

that it prevented this symptom, but it also diminished diarrhœa, allayed cough, and predisposed to sleep. It sometimes happened that the powder was vomited. In such cases the dose was divided into two parts; one of which was given in the evening, and the other at night when the patient awoke." Dr. Handfield Jones, referring to M. Descamps' recommendation, says that he has found Dover's powder "materially to check the night-sweats of phthisis." Dr. Hayden, in a paper read before the Medical Society of the College of Physicians of Dublin, March, 1877, speaks highly of this mode of treatment. He gives five grains once or twice in the course of the night. This treatment has been recommended by Dr. Ringer, and by M. Desnos, of the Hospital St. Louis, Paris. Dr. Theophilus Thompson also mentions it in his lectures on consumption.

During the last two years I have taken notice of fifty-five cases of night-sweating of phthisis treated with Dover's powder. In only five of these cases did the drug fail to afford some relief. Of the successful cases, thirty-four were men and sixteen were women. With two exceptions they were adults in the prime of life, their ages ranging from nineteen to thirty-six. The cases under treatment represented all stages of the disease. In some there were hardly any physical signs, while in others both lungs were extensively diseased. In eighteen cases cavities were diagnosed. In fifteen cases both lungs were involved, while in the remainder only one lung was affected, or there were no physical signs. The duration and severity of the night-sweating varied much in different cases, but in all it was well marked. As a rule, the Dover's powder was given only at bedtime, but in a few cases small doses were given several times a day, though without any corresponding advantage. It was found that to do any good five or ten grains must be given, and ten grains usually acted more promptly than five. Smaller doses usually failed, while, on the other hand, there was no advantage in giving more than ten grains. Frequently, for convenience of dispensing, the Dover's powder was administered in five-grain pills, but in many cases the powder itself was used. In most cases the patients, while taking the Dover's powder, had no other medicine, except, perhaps a placebo of camphor-water or peppermint. In other instances the Dover's powder was not allowed to interfere with the general treatment, the patient taking cod-liver oil, cough-medicines, and so on. The Dover's powder acted equally well whether given alone or with other remedies. As a rule, there was an improvement upon the first or second night, but sometimes the sweating did not entirely cease for a week or more, declining gradually in severity. Sometimes the sweating returned immediately upon discontinuing the medicine, but in other cases there was no relapse for a month or longer. In no single instance was the treatment found to do harm. It often, in addition to stopping the sweating, eased the cough and insured a good night's rest.

ILLUSTRATIVE CASES OF THE USE OF THE DOVER'S POWDER IN NIGHT-SWEAT.—The following may be taken as a fair average example of what Dover's powder can do. It is not by any means an exceptional case, and it would have been quite easy to pick out other cases in which the relief was most prompt:

R.W., a bookbinder, aged twenty-six, had suffered from a slight cough for ten months, but it was only during the last three or four weeks that he had any expectoration. He was extremely emaciated, and had lost a stone in weight in six months. He was very feeble, and had great difficulty in doing his work. There had been no hemoptysis. He had suffered from night-sweats for about three weeks, never missing a night. He usually went to bed about ten, and awoke in the early morning covered with moisture. He was so wet sometimes that it left a mark on the sheet where he had been lying. The physical signs were: at the left apex flattening, deficient movement, increased vocal fremitus, dullness, and coarse crepitation; on the right side, impaired resonance and a little scattered crepitation. He was ordered ten grains of Dover's powder every night at bedtime, and a little infusion of quassia as a placebo. For two nights there was no improvement, but on the third night the sweating was much less. On the fourth and fifth nights it was very slight indeed, and upon the sixth there was none at all. The pills were then discontinued, and with the exception of one night there was no sweating for four weeks. It then returned, the patient suffered severely for three or four nights, and then recommenced taking the pills. The sweating was again checked in four nights, the pills were discontinued, and there was no further relapse during the time the patient remained under observation, a period of six weeks longer.

Even in cases rapidly progressing to a fatal termination Dover's powder will keep the perspirations in check.

GELSEMIUM IN NEURALGIA.

Professor Massini, of Basel, recounts his experience of the use of this drug in the treatment of eighty cases of neuralgia of the trigeminus. He prefaces his remarks with a brief description of the physiological action of the drug. Redness of the conjunctiva, pain in the eyelids, contraction of the pupils, double vision, and giddiness, are the symptoms which generally follow the administration of moderate doses. When the dose is increased, slight ptosis, dilatation of the pupil, gasping, languor, and pain

in the limbs, are the usual results. The respiration is not affected. In frogs, on the other hand, a large dose produces paralysis of the respiratory muscles, the heart's action remaining unchanged. In cases of neuralgia of the trigeminus, Dr. Massini gives twenty minims of the tincture every half hour up to three doses, and he finds that the first dose generally affords relief, and that the pain rapidly subsides after a second or a third dose has been taken. He has never found it necessary to exceed sixty minims, and only in one case did this quantity produce unpleasant head symptoms. The cases in which the remedy produces most benefit are those of simple rheumatic neuralgia of the alveolar branches of the trigeminus; in those it rarely fails. It also sometimes relieves the pain remaining after the stoppage of a carious tooth. When there is any inflammatory affection of the bone or periosteum, no good can be expected from the remedy. The medicine may, if necessary, be repeated several days in succession, the active principle rapidly passing off by the kidneys.—*Dublin Journal of Medical Science.*

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SURGEON MAJORS IN THE CANADIAN MILITIA.

In the CANADA MEDICAL RECORD for June appeared an article, strongly advocating the granting of this rank to Surgeons of the Canadian volunteers who had served a lengthened period. That article was written with a view of assisting those who had already been at work in this direction. Very soon after it appeared a general order was issued from Militia Head quarters, granting the rank of Surgeon Major, upon conditions which in our opinion, and also we believe in that of every medical officer in the force, are neither just nor reasonable. We feel very strongly upon the subject, and we at once put ourself in communication with Dr. Muir, the head of the Army Medical Department, who, while giving us much information on the subject, stated that a new warrant was to be issued immediately, a copy of which he would send us. We determined to await its receipt before actively taking up the subject. The warrant has, however, not yet been issued, and as its appearance seems indefinite, we have again written to Dr. Muir for the information which we had hoped to have got from it. When we get his reply we propose to fully express our opinions upon the general order referred to. In the meantime we can only say to our numerous friends in the Volunteers Medical Department who have written to us on the subject, to have patience. We firmly believe they have right on their side, and that in the end what is right must prevail.

In a late number of the *Canada Medical and Surgical Journal* was an article upon the relations that should exist between the physicians and druggists. If it were possible to bring round the existence of such relations, perfect harmony would then reign. It is unfortunate that in each class there are always scapegoats such as only look upon the pecuniary benefits to be derived, rather than of aiding to raise the standard of their respective professions. It is undoubtedly to the interest of the medical profession that reliable pharmacies should exist in different parts of the city, and more particularly in the more important suburban streets; and when we speak of reliable pharmacies, we mean what we say, not plate glass fronts, gold labels, and elegant mirrors, and a thousand-dollar soda fountain, but pharmacies with well-assorted stocks in them and brains to back them. If a few more such establishments existed there would not be such an outcry about business being sent away from druggists. Not that we would for a moment assert there are no well conducted retail drug houses, with sufficient capital to enable them to keep well assorted stocks, in the city, but, unfortunately, they are few and far between. This may, perhaps, be caused by the misguided policy of some physicians in sending their patients, often at great inconvenience, past thoroughly reliable houses

merely through a hobby or whim. When we have felt inclined to grumble at the want of skill in our local pharmacies, a pharmaceutical friend reminds us of the excessive competition and the extreme difficulty of making business pay without the thousand and one adjuncts, which go to make up the general business of a druggist. In Germany, the number of drug stores are regulated by law and the standard of admission is very high. The same may also be said of France. It is quite right that both professions should be considered collateral ones, and no physician should consider himself so well-stocked with the knowledge of materia-medica as to think it humiliating to ask for information about any drug from a well-informed chemist. As materia-medica is taught in most of our schools, it is literally run to ground. Students are forced to read up a lot of matter that is of no earthly use to them, as practitioners; in fact, positive harm is done, as their memories are taxed with modes of manufacturing preparations, which labor should only be given to their physiological and therapeutical qualities. There is no use in teaching a medical student who intends to practice as a general practitioner, the mode of making chloral, for instance, but it is highly important he should know "*when*" and "*how*" to employ it.

TYPHOID FEVER IN MONTREAL.

There is no question but that we have had a greater amount of typhoid fever in Montreal the past autumn than is usual, and that it has generally been of a more severe type. We are pleased, however, to be able to state that, since the beginning of this present month, there has been a very marked decrease in the number of cases, and the prospect is that they will still further diminish.

CHOLERA IN JAPAN.

It is singular how little one portion of the world sometimes knows of what is going on in another portion. This is well illustrated in the fact that few seem to be aware that cholera has been raging in Japan for some time. It broke out last April, and, up to about six weeks ago, there had been reported 155,000 cases and 85,000 deaths.

CLUB RATES FOR SCRIBNER'S MAGAZINE, ST. NICHOLAS AND THE TORONTO GLOBE.

We have pleasure in stating that our Subscribers can have *Scribner's* at $3.00 a year (regular rate is $4.00), the *St. Nicholas* at $2.25 a year (usual rate is $3.00). We are also able to offer the *Toronto Weekly Globe* at $1.50 a year, the regular price being $2.00 a year. Cash for these journals must accompany any orders.

LINDSAY AND BLAKISTON'S VISITING LIST FOR 1880.

This Visiting List has been sent to us, and we can commend it as, in our opinion, the very best that is published. We have used it for a great many years, and it has always given us perfect satisfaction.

THEODORE ROBITAILLE, M.D.,
LIEUT.-GOVERNOR PROVINCE OF QUEBEC.

The elevation of a medical man to the highest office in the Province is a matter worthy of recognition by the profession. We are, therefore, glad to know that two of the schools of medicine in Montreal, being of this opinion, have passed congratulatory resolutions which have been forwarded to the Lieut.-Governor. The compliment is one which was well deserved, for, although Dr. Robitaille has, almost since his graduation, been actively engaged in politics, as a member of the Dominion House of Commons, and also as a member of the Dominion Government, which in 1872 retired from office, he has never forgotten the duties of his profession. For years he has been a governor of the College of Physicians and Surgeons of the Province of Quebec, ever taking a warm and active interest in its proceedings. We congratulate our old fellow-student on this recognition of his merits by his medical confrères.

The following correspondence speaks for itself.

University of Bishop's College,
Faculty of Medicine,
MONTREAL, 29 Sept., 1879.

Theodore Robitaille, Esq., M.D.,
Lieut.-Governor Province of Quebec.

DEAR SIR,—I have the honor to transmit to you two resolutions passed by the Medical

Faculty of the University of Bishop's College at a meeting held on the 22nd inst.

I have the honor to be, Sir,
Your obedient servant,
FRANCIS W. CAMPBELL, M.D.,
Registrar.

Resolutions passed at a meeting of the Medical Faculty University of Bishop's College, held at Montreal, 22nd September, 1879.

Resolved.—That this Faculty has noticed with pleasure the elevation to the office of Lieutenant-Governor of this Province of Theodore Robitaille, Esq., M.D., a gentleman who stands high in the ranks of the profession, and who has ever taken an active interest in its elevation, and who, by his urbanity and kindness of disposition, has always been held in warm esteem by all his professional confrères.

Resolved.—That this Faculty desires to present their congratulations to Dr. Robitaille on his appointment to the distinguished office of representing Her Majesty in this province, which, while reflecting honor upon himself, likewise reflects honor on the profession of which he is a member.

To which His Honor Dr. Robitaille has forwarded the following reply:

To Francis W. Campbell, Esq., M.D., registrar, and to the members of the Medical Faculty University of Bishop's College.

The Lieutenant Governor acknowledges the receipt of the resolutions adopted by the Medical Faculty of Bishop's College on the 22nd of September last.

The Lieutenant-Governor has read these resolutions with great pleasure. They prove to him that, among the members of the Medical profession, his appointment has been favorably received. Nothing could have been more agreeable, as he always felt a pride in belonging to that noble profession, and as he has always strived to obtain the esteem and confidence of his confrères.

The Lieutenant-Governor highly appreciates the step adopted under the circumstances by the Medical Faculty of Bishop's College, composed of men so remarkable for their science and devotedness.

The Lieutenant-Governor returns thanks to the members of the Faculty for their congratulations on the occasion of his elevation to the highest position in this Province, and hopes they will accept the expressions of sympathy and of deep consideration which he entertains for them.

Signed, THEODORE ROBITAILLE.

PERSONAL.

Dr. Craik is, we are pleased to state, almost completely recovered from the very painful poisoned wound of the finger, which confined him for several weeks to the house.

Dr. J. B. Lawford (M.D. McGill College, 1879) obtained the Diploma of the Royal College of Surgeons of England on the 18th of November.

Dr. Freeman J. Bumstead, the famous syphilologist of New York, died in that city on the 28th ult., of ascites.

REVIEWS.

The Throat and the Voice. By J. SOLIS COHEN, M.D., Lecturer on Diseases of the Chest in Jefferson Medical College. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Bros.

Dr. Cohen is a practical man, and, within a comparatively small compass has given an excellent treatise on the throat and the voice. Its perusal should make the public more careful of both.

The Mouth and the Teeth. By J. W. WHITE, M.D., D.D.S. Philadelphia, Lindsay and Blakiston; Montreal, Dawson Brothers.

It is rare to find in the human mouth a perfect set of teeth, and why? Simply because their importance, as adjuncts not only to beauty but to digestion is not understood. The object of this volume of the *American Health Primers* is to show their value, which, if thoroughly appreciated, would do much to preserve them. If honestly read it will do much good. We commend all the volumes of this series as deserving of very general circulation among the public.

Diseases of the Throat and Nasal Passages: A Guide to the Diagnosis and Treatment of Affections of the Pharynx, Œsophagus, Trachea, Larynx, and Nares. By J. Solis Cohen, M.D., Lecturer on Laryngoscopy and Diseases of

the Throat and Chest in Jefferson Medical College, Philadelphia. New York: William Wood & Co.; Montreal: Dawson Brothers.

There was a period in the history of our Medical friends in the United States, and that not very far in the past, when they had to depend for information and instruction upon their brethren in England and the continent. All this is gradually changing, and the United States are, year after year, swelling up their standard Medical literature, till it is now assuming very considerable proportions. The work before us, which is a second edition, is of a class which is creditable to its author, and to the profession of the county of which he is so able a member. It has been for some time out of print, and this edition has received a very large amount of revision, much of it entirely re-written; in fact, it is to all intents and purposes a new work. The subjects treated comprehend every variety of throat and nasal trouble, and where necessary, or it has been thought desirable, illustrations have been introduced. The entire book is well written, and is extremely practical in its character. The chapter on Diphtheria is one that will command special attention, being a very able digest of the various remedies which have been recommended in this disease. We are pleased also to notice that Dr. Cohen is a firm believer in the duality of Diphtheria and Croup, an opinion which our experience, small though it be, strongly confirms. The work is printed in unusually large type, no small advantage to the often over-taxed eye of the physician, and should occupy a space in the library of every medical man.

Pocket Therapeutics and Dose Book. By Morse Stewart, Jr., B.A., M.D. George D. Stewart & Co., Publishers, Detroit.

This is a second edition of a most valuable little work, which seems to have run through a first edition in a very short time. That such an extensive demand has arisen for the book does not surprise us, for it filled a gap in Medical literature. The amount of valuable information which Dr. Stewart has condensed within a really small compass is simply surprising. Its compilation must have cost its author a great amount of labor, which promises not to have been spent in vain, if the appearance of a second edition is to be taken as a criterion of successful authorship.

Atlas of Skin Diseases. By Louis H. Duhring, M.D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania, Philadelphia. J. P. Lippincott & Co., Philadelphia.

We have to acknowledge the receipt of Part VI of the above splendid work, which contains plates of (1) Sypiloderma (Pustulosum), (2) Erythema Nodosum, (3) Seborrhœa, (4) Eczema (Papulosum). We have already expressed the very high opinion which we have of this work, and the part now before us is fully equal to its predecessors. The plate of Erythema Nodosum, with its delicate shading, is a masterpiece of chromo-lithography. The letter-press accompanying each plate is well written, and, in addition to being an excellent description of the disease, contains the clinical history of the particular case from which the illustration has been taken. The work promises to be an important addition in the illustration of skin diseases.

Winter and its Dangers. By Hamilton Osgood, M.D. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Brothers.

This beautifully gotten-up little work is from the pen of one of the Editors of the Boston *Medical and Surgical Journal*, and he has produced a most interesting book. It is one of the series of Health Primers issued by Lindsay & Blakiston. The French proverb "The common cause of death is stupidity," with which the author opens his first chapter, is most appropriate, for many a death in winter is the result of downright stupidity. We would that it were possible to place in the hands of every young lady who, almost night after night, attends fashionable dancing parties, a copy of this book. Not that it would prevent their going, for, in moderation, these gatherings are pleasant and agreeable, but it would show them the terrible danger which attends the many imprudent things which they do: such, for instance, as, when heated after dancing, exposing themselves to the *delightful* draught of cool air. We consider this as one of the best books of the series, and advise physicians to strongly recommend it to their patients.

MEDICO-CHIRURGICAL SOCIETY.

October 31st, 1879.

(*Omitted from November number of* RECORD.)

Dr. Wilkins gave a demonstration on the rabbit, showing the cardio-inhibitory influence of the pneumogastric nerve. Tracings were taken by means of a mercurial manometer, which was connected with a cannula inserted into the carotid artery of the animal. First a normal arterial tracing was taken, the left pneumogastric was then divided and its peripheral end stimulated by means of a DuBois-Reymond induction coil, in consequence of which there was a fall in blood-pressure and slowing of the action of the heart. Four milligrammes of atropine were subsequently injected into jugular vein, and the peripheral end of nerve again stimulated without any alteration of action of heart, thus demonstrating the paralytic effect of the poison on the terminal filaments of pneumogastic nerve in the heart.

Explanatory remarks were made by Dr. Wilkins with reference to this inhibitory action of pneumogastric nerve, also to similar action of some other nerves.

A demonstration was also given of respiratory tracing, both before and after cutting both nerves. The animal was slightly under the influence of chloroform during these experiments.

Subsequently Dr. Wilkins attempted another experiment on a curarised rabbit, which was kept alive by artificial respiration, but did not succeed, in consequence of the length of time that elapsed (three hours) after the administration of the poison, the dose being slightly in excess.

Involuntary muscle was paralysed including, of course, the muscular coat of the arteries, as well as the voluntary muscles which only are paralysed by a smaller dose.

The registering apparatus made use of for demonstration was a kymograph of Dr. Wilkin's own device, the motor-power being a small water engine, which also kept up artificial respiration.

MONTREAL, Nov. 14, 1879.

A regular meeting of the Society was held this evening, the President, Dr. R. P. Howard, in the chair.

There were present Drs. R. P. Howard, Henry Howard, Trenholme, Osler, Loverin, Spencer, Bell, Ross, Kerry, Wm. MacDonald, Kennedy, McConnell, F. W. Campbell, John Reddy, Roddick, Wilkins, Bessey, Major, Blackader, Imrie, Brodie and Proudfoot; visitor, Dr. Hill, of London, England.

The minutes of last meeting were read and approved.

Dr. Gurd was balloted for, and unanimously elected a member.

Dr. Osler exhibited a case of fatal perforation in typhoid fever in a hospital patient, who had had very high temperature from the first, ranging from 105° to 108° before death.

Dr. R. P. Howard drew the attention of the Society to the experience of the Basle Hospital as to the great importance of putting patients to bed as early as possible in typhoid fever, the mortality being very much greater amongst those persons who took to their bed late than amongst those who did so early. The experience of the Montreal General Hospital was confirmatory of this statement.

The second specimen was from a child who had died in the Infants' Home, Guy street. The case had been considered one of membranous croup, and tracheotomy had been performed, the operation being followed by immediate relief, but died on the following day. At the post-mortem several small patches were seen on the tonsils and on the epiglottis extending into the trachea. There was no membrane immediately in the region of the tube, but it extended beyond this into the bronchi. Dr. Osler was unable to obtain any of the urine. The lungs were pneumonic, and the kidneys in a condition of cloudy degeneration.

Dr. Ross said he had seen this case, and was of the opinion that it was croup at the time; but, after seeing the exudation on the tonsils, he was not so sure that the case was not one complicated with diphtheria.

Whilst strongly believing that there is a difference between the two diseases, Dr. F. W. Campbell said that the result of the operation in this case went to strengthen the experience of all in Montreal that tracheotomy cases of true croup were generally fatal, while many cases of diphtheria recovered after the operation.

The President remarked that the question,

whether the case before the Society was one of laryngeal diphtheria or of membranous croup, perhaps could not be satisfactorily determined, but that, in his opinion, the weight of evidence was in favor of the latter view. The attending physicians had examined the child's throat before the operation, and found no exudation there; the subsequent occurrence of a cheesy-like patch on one tonsil and a membranous patch on the other did not establish its diphtheritic nature; such formations are mentioned by Flint and others as not infrequent in membranous croup. There was nothing surprising in the circumstance that an inflammation of such a character as to produce false membrane on the laryngo-tracheal membrane should also attack a similar structure in the neighborhood of larynx. The faucial exudation was not continual with the laryngeal. All pseudo-membranous exudations upon mucous membranes are not products of diphtheria, witness plastic bronchitis and dyssentery. No cases of diphtheria had been observed in the house in which the child had lived for the last year; on the other hand, it had had previously several attacks of catarrhal croup. Before diphtheria became a recognized disease here we had fatal cases of membranous croup; they were not infectious, and did not affect several members of a family in succession. It is not a question of histology. The pellicle of croupous laryngites may not differ from that of diphtheria, but the clinical features and pathology of the two affections are not one.

Dr. Osler, in answer to Dr. Trenholme, said there was no anatomical difference in the two membranes; that in true croup Neimyer mentions cases where there was extensive exudation on the tonsils. There was no extension of the disease among the other children at the Infants' Home. He did not consider the presence of albumen in the urine as settling the diagnosis, as the congestion of the kidneys would be quite sufficient to cause the albumen in this case.

Dr. R. P. Howard then read his inaugural address as President of the Society.

The address was followed by a paper by Dr. Osler on "Three Cases of Disease of the Brain."

In the remarks following this paper Dr. Kennedy related a case occurring in his practice similar to one of Dr. Osler's cases. The subject, a young lady, had both a mitral and aortic murmur. One portion of the vegetation was dislodged, and converged to the left side of the brain.

Dr. Roddick mentioned the fact that rupture of a vessel in the brain occurred at times during the struggles of the patient while under ether. Such a case had occurred in his practice.

Dr. F. W. Campbell said that the method generally adopted in Montreal (so far as his experience enabled him to speak) in the administration of ether was certainly calculated, in his opinion, to favor rupture in vessels which were undergoing atherometous degeneration, and even possibly in healthy vessels. He had seen a patient to whom ether was being given struggle so violently for several minutes as to require two or three strong assistants to hold him down. This was due to the fact that the ether inhaler, charged with ether, was tightly held over the mouth and nostrils, allowing hardly anything but the vapor of ether to be inhaled. The feeling of suffocation thus produced is described by those who have experienced it as something frightful. He stated that the opinion was gaining ground rapidly that ether could be administered in much the same way as chloroform, by allowing a good quantity of fresh air to be inhaled, so long as it was charged with a fair portion of ether vapor.

Dr. R. P. Howard spoke of the great necessity of students now learning the distribution of the minute vessels of the brain, and confirmed the observation in regard to apoplexy during anæsthesia. He had seen apoplexy in one case follow a hypodermic injection of morphia.

A vote of thanks to Dr. Osler was moved by Dr. Henry Howard, seconded by Dr. Kennedy, and carried.

A vote of thanks to Dr. R. P. Howard, for his address, was moved by Dr. F. W. Campbell, seconded by Dr. Proudfoot, and carried.

It was moved by Dr. Roddick, seconded by Dr. Henry Howard, that the subject of procuring a permanent room be referred to the Council, and that the former Room Committee be thanked and discharged.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,
Secretary.

Montreal, November 28th, 1879.

A regular meeting was held this evening. The President, Dr. R. P. Howard, in the chair. There were twenty members present.

The minutes of last meeting were read and approved.

Dr. Henry Howard read a paper on "Imbecility."

Remarks on this paper were made by Drs. R. P. Howard, Kennedy and Roddick.

A vote of thanks to Dr. Howard was moved by Dr. F. W. Campbell, seconded by Dr. Roddick, and carried.

Dr. Frank Shepherd exhibited a specimen from the dissecting-room of McGill College. The humerus had been amputated, and the cut ends of the brachial plexus were enlarged.

Dr. F. W. Campbell mentioned the fact that twelve days previously he had vaccinated a child in Donegana street, two hours after he vaccinated another child in St. Charles Borromée street; eight days after the child in Donegana street had an attack of convulsions, two hours after, the second child had a similar fit.

Dr. Trenholme stated that no doubt teething was the cause of the convulsions.

Dr. R. P. Howard asked if there was any history of rickets, as it was a well-known fact in rickety children, the slightest irritation would induce convulsions.

Dr. F. W. Campbell said there was no such history.

Dr. Kennedy mentioned the fact of seeing three children in the Hospital with small-pox, all three had been vaccinated just before the attack, and the vaccine vesicle had matured prior to the eruption of small-pox. Dr. R. P. Howard said some families take small-pox over and over again. He referred to one doctor who could never attend a case without contracting the disease. From such facts it is quite evident that there are some cases that even small-pox will not protect from other attacks let alone vaccination.

O. C. Edwards, M.D., *Secretary.*

HYPODERMIC USE OF CHLORAL IN CONVULSIONS.

Dr. Joseph L. Bauer, in the St. Louis *Clinical Record*, recommends the hypodermic injection of chloral hydrate in the convulsions of children. In a boy of seven years, whose case seemed desperate, the patient being unconscious and unable to swallow, the injection of four grains was followed by almost immediate relief. A small abscess resulted from the puncture.

MURDER OF AN ITALIAN PHYSICIAN.

The "kill or cure" system which is supposed to have existed in bygone ages has just received a cruel and literal illustration in Italy.

At the last assizes in Spoleto a trial for murder took place under the following circumstances:—A certain Signor Marcucci, of Spoleto, a gentleman of good property and position, called in a physician of the place, one Dr. Domenicis, to attend his only son, who was seriously ill. If, said Marcucci, the young man recovered, Dr. Domenicis should receive two thousand francs; if, on the other hand, the patient died, Dr. Domenicis should be killed! It cannot be for a moment seriously contended that such an alternative was accepted in good faith by the doctor. He would probably treat the case in the ordinary manner, and smile at the idea of such a threat being carried out. However, Signor Marcucci proved to be a man of his word, for the lad died, and Marcucci thereupon did kill Dr. Domenicis. He coolly murdered him, with apparently no attempt to conceal the act. The unfortunate physician left a widow and family behind him. But no compunction or pity availed to stay Marcucci's hand. And now what does the reader suppose was the sentence pronounced on this barbarous ruffian in an Italian court of justice? He was condemned to five years' imprisonment and the payment of a five of twenty-five thousand francs, to be given as damages to the doctor's widow.

SUCCESSFUL TRANSFUSION WITH CHICKEN'S BLOOD—HEARTLESS INGRATITUDE.

Dr. L. L. Staton reports (*Maryland Med. Journal*, v. 391) a case in which he injected an ounce and a half of chicken's blood into the femoral artery of a man apparently dying from exhaustion after operation for stone. The result was that the patient went to sleep, and the foreign corpuscles filled his head with visions of chicken-broth. On waking, chicken-broth was lustily called for, and soon the "identical old hen" yielded to the stomach of her foster-son whatsoever of flesh she had gathered in her five years of earthly pilgrimage. Recovery.

DIED.

In Ottawa, on the 6th of September, Joseph Garvey, M.D. (McGill College, 1852), aged 49 years.

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CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

Empyema Necessitatis and Empyema cured by Aspiration, by Henry Chipman, M.D., Grand-Pré, Horton, N.S., 85 — Ecraseur for the removal of Internal Uterine Tumours (illustrated), by William Scott, M.D., Woodstock, Ont., 86 —A New Rectal Bougie, by C. E. Nelson, M.D., New York (illustrated), 87—Address of Dr. J. W. Mount, President of the Société Médicale of Montreal, ...88

CORRESPONDENCE.

Letter from Dr. Codd, of Winnipeg...90

PROGRESS OF MEDICAL SCIENCE

PAGE

Treatment of Eczema, 91 — On the Causes of Pus in the Urine, 92 — Treatment of Eczema of the Hand, often miscalled Psoriasis Palmaris, 94 — On Oblique Linear Scarification of the Skin in the treatment of Port-Wine Mark, 95 —Hot Application to the Head in Uterine Hæmorrhages, 96 — Double Pneumonia and Abortion, 96 — Effects of Tea on the System, 97 — Swallowing a Safety Pin, 97—A Gospel Truth, 97 — Therapeutical Notes, 98 — Cure of Consumption, 98 — Typhoid Fever—its treatment, 98 —Succinate of Iron in Gall-stones, 99—Hysterical Retention of Urine, 100—Treatment of Lumbago, 100—

PAGE

Hot-water Douche in Parturition, 100 — Value of Calomel in the Zymotic Diseases of Infancy, 101— Method of Preserving Dead Bodies, 102 — Treatment of Hemorrhoids, 102 — Coto Bark in the Diarrhœa of Phthisis, 103 — Treatment of Enteric Fever, 103 — Treatment of Typhoid Fever in the Philadelphia Hospitals, 104 — Treatment of Hemorrhoids, 106—Pruritus Ani...107

EDITORIAL.

Board of Health, 108—Woman's Hospital of Montreal, 110 — Medico-Chirurgical Society of Montreal...112

Review.....110

Marriages.....112

Original Communications.

EMPYEMA NECESSITATIS, AND EMPYEMA CURED BY ASPIRATION.

By HENRY CHIPMAN, M.D., Grand Pré, Horton, Nova Scotia.

The first case was seen in the autumn of 1878 in consultation with Dr. Margeson. The patient, a little boy six years of age, had a history of pleuritis with effusion extending back some weeks. At the time of consultation there was extreme emaciation, a temperature of 104° F., a pulse of 160, and respirations 60 in the minute; the heart was pushed over to the right of the sternum, and on the left about an inch below the nipple, was a pulsating tumor, the pulsations of which were synchronous with those of the heart. There was a troublesome cough with no expectoration, but accompanied with a gangrenous odor. Death seemed so imminent that we decided that operative interference would only hasten the end, and we left the little fellow, fully expecting to hear of his death in a few hours. The sequel proved our prognosis wrong, however. After a few days the empyema found its way through the pleura costalis and the soft parts of the wall of the chest, and formed an opening at the bottom of the pleural cavity on the left side on a line with the axilla. There was a free discharge, the pulsating tumor above disappeared, and there was rapid improvement of all the symptoms. This improvement continued, and at the end of six months the patient was running about, and in less than a year the opening had closed and there was apparently complete recovery. A short time subsequently, after exposure, there was a second attack of pleuritis with empyema, and a second discharge through the old cicatrix, which still continues, and now has the appearance of a permanent fistulous opening.

The second case occurred in my own practice: Willie N., aged six years, together with two other children in the same family, recovered from an attack of epidemic influenza, early in May last; but after I had ceased attending the family I was again called to see him (on the 14th) and found all the symptoms of acute pleuritis. Under antiphlogistic treatment and counter irritation the more urgent symptoms subsided, and by the first of June the fever had mostly disappeared, but there was a steady loss of strength and no absorption of the effusion which had taken place in the left pleural cavity. Through the month of June there was fever of an intermittent character, with a difference in the morning and evening temperature. At the end of the month I was satisfied that the effusion was purulent, and called Dr. Shaw in consultation. A trial of calomel, tart. antimony with a little pulv. dov. to prevent its being carried off by the bowels, was decided on, and this treatment with milk and wine was continued for a few days with no apparent improvement, and on the 12th July Dr. Shaw was called to assist in withdrawing the effusion. At that date there was extreme emacia-

tion, dyspnœa, cough, night sweats, and a peculiar grunting respiration. The left side was bulged and measured more than the right, while expansion was very deficient; vocal fremitus absent; heart dislocated to the right of sternum; pulse 160; respiration 60; temperature 103 F. (mid-day); percussion dull all over. Chloroform was administered by throwing a handkerchief loosely over the child's face and dropping a little on a fold taken up between the finger and thumb. The aspirator was then used, and about thirty ounces of healthy white pus, as thick as cream, rapidly withdrawn. There was no cough nor trouble of any kind after the operation. The little fellow laid down quietly, and rested much better than usual all that night. On the 22nd the sack was again filled, and with the assistance of the child's father and aunt I aspirated and withdrew about thirty-two ounces. On the 28th the effusion had again filled the sack, and again I operated, withdrawing about twenty-four ounces. The operation was not again required. The small quantity which must have been left in the sack was absorbed, and there was an uninterrupted return to health. The child to-day is strong and fat and rosy, with square shoulders and symmetrical sides. The heart is in its normal position, and auscultation and percussion normal over both lungs. He is a living exemplification of the value of the aspirator in such cases. The instrument used was J. Reynders & Co.'s improved aspirator (303 Fourth avenue, N. Y.), and it worked most admirably. The child was held in the arms of a nurse in a semi-recumbent position. The needle was introduced between the mammary and axillary lines, nearer the former than the latter, in the fifth interspace. A few drops of blood followed the withdrawal of the needle; a folded towel was laid over the puncture, and in a very short time the little patient did not even complain of smarting. At each operation the last few ounces of pus withdrawn were streaked with blood, which was due, I think, to a slight pricking of the pleura pulmonalis, but was attended with no ill effect. The treatment after the first aspiration was emulsion of cod-liver oil, syrup ferri iodid., and gentle aperients and anodynes, as necessity required, with wine, milk, fruit, beef tea, and solid food as soon as the stomach would take it. The recovery in this case was most satisfactory, and in the light of it, it is to be regretted that the aspirator was not used in the former case. Should a similar, or even a more desperate, case again come under my observation, I should aspirate without any hesitation. I also consider that an earlier operation in the second case would have been better practice by hastening the recovery.

The above has been hastily written from a few notes roughly taken in the midst of a busy country practice, and contains nothing new; but it may prove interesting to some of your readers as a good illustration of how safely, even in unpractised hands, the aspirator may be made to assist nature, and often save life, in cases of empyema. It may also serve to call the attention of some brother practitioner in the country to the value of the aspirator, and induce him to procure one and use it for the benefit of suffering humanity and for the saving of life.

GRAND PRÉ, N.S.,
Dec. 30, 1879.

ECRASEUR FOR THE REMOVAL OF INTERNAL UTERINE TUMORS.

BY WILLIAM SCOTT, M.D., Woodstock, Ontario.

The difficulty I have found in adjusting the more commonly used ecraseurs, and, in particular, in removing the porte-chaine while preserving the relation of the ecraseur to the tumor, led me to the invention of the instrument presented. The idea being partially suggested by Gooch's double canula.

THE ACCOMPANYING ENGRAVING REPRESENTS THE INSTRUMENT.

Fig 1. The chain sufficiently long to encircle the pedicle, and to which the wires (7–7) are attached. The chain, as represented in engraving, is not a proper one for the purpose intended; it should be so constructed as to give free motion in every direction.

Fig 2–2. The canula, which presents a curve at the upper end and flattened at the lower, and gauged to show when they are in place.

Fig 3. The slide to firmly bind the canulæ while operating;

Fig 4. The rod attached to slide to adjust and fix it in position.

Fig 5. Screw to attach the canulæ to the body of the instrument.

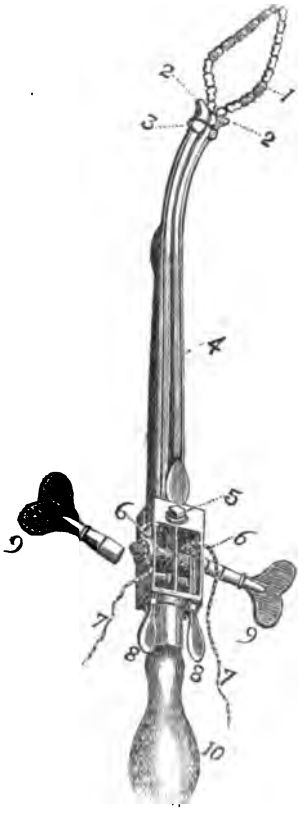
Fig 6-6. Drums and rachets on which the wires are attached and wound.

Fig 7–7. Ends of wires (unattached to drums) which connect the chain with the drums.

Fig 8–8. Thumb springs by which the chain may be instantly loosened if required during operation.

Fig 9–9. Thumb keys by which the drums are turned and force applied.

Fig 10. Handle.



MODE OF APPLICATION.

Loosen screw (No. 5), and withdraw both canulæ, chain and wires, remove slide, reverse the canulæ, placing the two outer surfaces together, so that the points will be touching and the chain entirely within the canulæ.

Then pass both canula, guided by the finger, over the tumor up to the attachment of the pedicle. Give one of the canula to an assistant with directions to play out the chain as required —press the tumor to one side and carry the other canula carefully around one-half of the pedicle, then giving this to the assistant you pass the chain in like manner on the opposite side with the canula he held at first. The insides of the canula will now be together, as seen in the engraving, and by the gauge mark it may be readily ascertained when proper apposition is attained; then pass the slide over the canula, not pressing it home, pass the wires through the openings into the body of the instrument and the lower ends of the canula into the same. Tighten the screw No. 5, and force home the slide. Now attach the wires to the drum, tighten the chain with thumb keys, and the instrument is ready for operation.

ADVANTAGES CLAIMED FOR THE INSTRUMENT.

(a) The ease with which the chain can be adapted to the pedicle.

(b) The certainty with which the chain can be retained in position when once properly adjusted, owing to no separate *porte-chaine* being used, which is very apt in removal to disturb the position of the chain.

(c) With the ecraseurs in use at present the pedicle is usually cut obliquely downwards and outwards, leaving a portion still attached to the uterus, while with this instrument the pedicle is severed equally throughout.

(d) If you wish to remove the tumor by pressure alone, as in ordinary ecraseurs, you will turn both keys at once; but, should the pedicle be cartilagenous or otherwise difficult to sever, by turning the thumb keys alternately you may obtain a saw-like or cutting motion.

(e) If during operation you have reason to fear you are trenching on the substance of the uterus, by pressing the thumb springs No. 8–8 you may immediately loosen the chain and re-adjust it.

The instrument was made by Crane & McGee of this town.

Woodstock, January 14th, 1880.

A NEW RECTAL BOUGIE.

By C. E. Nelson, M.D., New York.

In the recent treatment of a case of stricture of the rectum, I was desirous of sparing the patient the discomfort of having the anus kept on the stretch for twenty minutes during the gradual dilatation by means of the ordinary rectal bougies; I therefore devised an instrument (which may be called a bougie, for the sake of simplicity) fashioned as is repre-

wood, or any

the purpose; the

proportionate diameter

A, to insure strength.

A is the part inserted

the shaft (B) lies in

protrudes from the anus,

(C) being between the

in this way, by having

A made in diameters equal

to the different graduated sizes

with corresponding thick-

of the shaft B, a stricture of

the rectum can be treated, by gradual

dilatation, without at the same time

inconveniencing the patient by

having the anus kept long and frequently on

the stretch.

As to minor details, the piece A is to be of a proper proportionate length to the shaft, say three to three * and a half inches in length, the whole instrument, including the handle, being twelve inches long; the number of the bougie can be stamped on the handle; in a set of six bougies, of graduated sizes, one handle may be used for all, by screwing it on to the shaft B.

Objections.—The objection might be made that in case the piece A was tightly grasped by or had slipped beyond the stricture, and had become detached from the shaft, it would cause an awkward delay, obliging considerable dilatation by the speculum and subsequent seizure of the piece by forceps. This could not happen if the shaft were securely welded or soldered into the piece A.

Mode of using.—The instrument can be most

easily introduced if held lightly at the middle of the shaft B, with the thumb and two fingers of the right hand; the left hand holding up the near buttock, the middle finger stretching up the anus.

In case of the stricture being situated near the anus, and the piece A slipping beyond the stricture, the end (e) of the piece A is made slightly conical, so that it can the more easily be brought back into the strictured portion.

New York, January 12th, 1880.

* Three inches is long enough for any stricture.

Address of J. W. MOUNT, M.D., *the President of the Societe Medicale, Montreal.*

Delivered December, 1879.

GENTLEMEN AND DEAR CONFRERES,—I must frankly confess that I was far from expecting the honor which you have conferred upon me in electing me to the Presidency of the Société Médicale of Montreal. I had all the more reason to be surprised at it, because, without having in any way abandoned my sympathy towards this society, I had for some time past neglected to attend its regular meetings. Have the goodness therefore, to accept my sincere thanks for the mark of your confidence in me and the kindly feeling you have seen proper to bestow on one of the founders of the society.

I cannot help saying in all sincerity that I hesitated to accept the charge; I could not conceal the great responsibility and the duties which it imposed on me. I feared, and I still fear, that I will be unable, in spite of my anxiety to do so, to prove myself worthy of the honor. But I am convinced in advancing that I can count on your help and indulgence to promote the interests and advancement of the medical sciences. * * We must all work; we must guard ourselves against indifference in routine and false timidity. In short, each one of us must, in the sphere of his ability, bring the fruit of his knowledge and experience. May all, both young and old, rally round the standard of the society, whose motto should be science, labor, progress and brotherly feeling. I make an appeal to the patriotism of all the French Canadian doctors of the city and district of Montreal; and, if all would make profession of good-will and impose upon themselves some sacrifice, the result cannot be other than honor and glory to our nationality, as well as profit and advantage

to ourselves. But, let it be well understood that, in making this appeal to French Canadian medical men I do not pretend to exclude from this society those of other extraction. We have already the advantage of counting some of them among us who do honor to their nationality and to our society. If I have made this appeal to French Canadians it is because the society is composed, in good part, of the French Canadian element, to which especially these remarks are addressed.

In accepting the presidency of the society my greatest aim would be to see disappear from among us, if it ever existed, all spirit of clique-ism and rivalry. All opposition existing between medical men of different schools ought to be obliterated when they come to the Société Médicale. We belong to it before anything else; we are not attached to any party in particular. Some prejudiced persons might perhaps accuse us of having a certain preference for Laval University, because we hold our meetings under the same roof as it. But I would have them to remember under what favorable circumstances we have come in here; we cannot have forgotten the generosity with which this asylum was offered to us by the Rev. Abbé Verreau. The same advantages are continued by the Laval University, and we are at the same time assured of our freedom of action and perfect independence in every thing regarding the Société Médicale. There is, therefore, every advantage to the public as well as ourselves to join hands, and uniting for the advancement of science in our midst. Permit me to cite in this regard the example shown us by the Medico-Chirurgical Society of Montreal. Read the reports of their meetings, and you will see that a large number of the English professors, both old and young attend them regularly, and that there reigns among them perfect unity. And yet that society is composed of members belonging to rival schools. In spite of that, however, they like to meet each other on a footing of equality; they put aside all party feeling in order to work for the common good. If I have spoken of examples to be followed, believe me, gentlemen, that I am far from forgetting what the Société Médicale has done since its formation. I ought to have rendered homage to those of its members who have always held themselves in readiness to work for its good, and hold it in the position of advancement which it occupies to-day. Still I am sure more might be done.

First of all, every member should consider it his duty to attend our meetings. Next, each one of us should make an effort to render them as attractive as possible, by submitting to the society reports of all the interesting cases occurring in the Hospital, Dispensary, or private practice. How many pathological specimens might we not procure in order to submit them for example and discussion by the members of the society? and might we not also make here some chemical experiments? Certainly we should be able to find among us some chemists sufficiently skilled to take charge of their demonstration. Chemistry is often too much neglected in ordinary practice; and these experiments made from time to time would give to our meetings a new attractiveness, and would be of great use to the old who have forgotten, and for the young who would find in them something to learn.

I cannot let this occasion pass, gentlemen and dear confrères, without glancing backwards and telling you a few words about the origin and progress of our society. Although young, ityet has a history, and has made its mark in the medical arena of the Province of Quebec. The Société Médicale of Montreal was formed on the 8th of November, 1871. The founders were Drs. Coderre, Bibaud, Peltier, Rottot, Larocque, Dagenais, Rollin, Bruneau, J. W. Mount, E. P. Lachapelle, Dubuc, Brosseau, Desjardins, Ricard, L. J. P. Desrosiers, A. Dugas, Poitvin, Durocher, Vilbon, Meunier, Quintal, Leblanc, Plante, Perrin, Deschamp, Perrault, Bondi, E. Robillard, and George Grenier. If it gives me pleasure to see again to-day in our midst some of the faces which I saw there at the origin of the society I cannot refrain from telling you how much I regret not seeing the loved faces of them who are no more. Among others, that of our esteemed confrère, the late Dr. George Grenier—of that man, as humble as he was learned, whom we agreed to call our perpetual secretary, and the spirit of our society. There are others who fail to respond to the roll call, among whom many, my seniors, are still in the full vigor of their health and intelligence. If they think that they should for a time abstain from attending our meetings, let us hope they will soon

[illegible] and the light [illegible] of the same [illegible] foundation of the [illegible] interesting as [illegible] a high tribute [illegible] of our labors, [illegible] has never ceased [illegible] "Société Médicale" and the [illegible] originated from the [illegible] direction of the same [illegible] walked together in the [illegible] Upon the *L'Union Médicale* [illegible] what these Siamese [illegible] me to use the expression, [illegible] since their foundation. On [illegible] the Medical press in France [illegible] of the articles in the "*L'Union* [illegible] done the honor of reproduc-[illegible]

[illegible] the Société Médical the passing [illegible] long wished for Medical Bill. No [illegible] deny that this Association took [illegible] in the law which governs us to-[illegible] which, whatever changes may have [illegible] in the original character of the Bill, [illegible] always be admitted that, to the most [illegible] members of the Société Médical, we [illegible] the fact of its having been adopted by the [illegible]. If some details have been elimi-[illegible] the main points have remained the same.

This law, without being perfect as yet, is nevertheless a safeguard for us, and gives to the practitioners of the Province of Quebec guarantees which they had never been able to obtain before. With such antecedents, I do not believe that the Société Médicale can ever cease to exist on the contrary, it should acquire new strength, fill up its ranks, obtain new adherents, and continue to hold the place it occupies to-day. Let us always have before our eyes, so that we may never forget them, the principal articles which form the basis and main objects of our association. As it is always well to re-temper our courage at the spring of justice and right, permit me to enumerate those articles: The society has for its object; 1st. To cement the union which ought to reign between the members of the medical profession; 2nd. To furnish to medical men a motive for meeting, and an opportunity of fraternizing, and become more acquainted with each other; 3rd. To mutually interest each other by readings, discussions, and scientific conferences; 4th. To bind those who compose it to practice towards each other all that honor and brotherly love prescribe between members of the same profession.

Let us frequently remember this noble motive inspired by the purest patriotism, and unity will never cease to reign among us.

Permit me, gentlemen and dear confrères, to make a last appeal in favor of one of the most legitimate objects of medical men—to endeavor to better his personal position, and to render some service to his fellow-beings. Here is our aim, and here is the secret of the success and prosperity of the *Société Médicale*.

Correspondence.

WINNIPEG, January 15, 1880.

To the Editor of the CANADA MEDICAL RECORD.

I am in receipt of the CANADA MEDICAL RECORD for December, in which I notice an article referring to the rank of "Surgeon-Majors in the Canadian Militia." Being a retired officer of the Active Militia, and having had nine years service in the force, I take considerable interest in the subject, and read your article with much pleasure.

Upon referring to the militia regulations for 1879 I find that "Surgeons who have served consecutively as such during 20 years shall have the rank of Surgeon-Major, but without extra pay." This is, to say the least of it, discouraging and quite unreasonable, and only another way of saying *we don't wish to give the rank at all.*

In 1868 I was gazetted "Surgeon of the Ottawa Brigade of Garrison Artillery," and served with that corps at the Annual Drills, &c., at Ottawa, Prescott and Kingston. In 1870 I was appointed Surgeon of the 1st Battallion Ontario Rifles 1st Red River Expedition under Sir Garnet Wolsey; and again in 1871 (October) was offered "Surgeon" to the 2nd Red River Expedition, which I accepted. In 1877 the force in this province was disbanded. Thus I had nine years consecutive service, seven of which was actual service. In 1876 I applied for the rank of "Surgeon-Major. Considering I had served over *five* years, and the service I had rendered, I thought the Government would grant

the promotion, but the reply was that the department had made no provision for such rank.

Now I think that if there is a medical officer in the Dominion Militia who is deserving of the promotion of Surgeon-Major it is *myself;* there is no Surgeon in the Militia Force who has had the same practical experience on actual service. "Honor to whom honor is due."

If Col. Ross, our late Adjutant General, was in Canada he could tell you of many practical suggestions I made to the department, which they gladly accepted; and I am sure at any time I should be glad to give the Government the benefit of any practical knowledge I may have obtained while in their service.

This subject may appear to many of very little importance, but I have for years past felt that there was too little attention paid to the "Medical Department of the Militia Force," and it is time that something was done to encourage Surgeons to perfect themselves in the knowledge of their military duties. Any medical officer who imagines that his duties end after sick-call in the morning makes a very great mistake, and the sooner that impression leaves his mind the better for himself and those under his care.

I trust you will not allow this matter to drop. If at any time any suggestions would be acceptable to you for publication I should only be too happy to render them. I take a great interest in this subject, and will, under any circumstances, write you more upon our "Militia Medical Corps," which should be, and I hope will be, second to none.

I am yours faithfully,

ALFRED CODD, M.D.,

Late Surgeon of the 1st and 2nd Red River Expeditions.

Progress of Medical Science.

TREATMENT OF ECZEMA.

The following directions are given by Dr. J. B. Bradbury, in the *Lancet* :—

Cases of acute eczema speedily recover if the patients are placed upon an unstimulating diet, and have soothing applications to the skin. In acute general eczema the alkaline and bran baths are very valuable, and local applications of olive oil and lime water (the *Linimentum calcis* of the Pharmacopœia), or lead lotion. When the disease has somewhat subsided, the internal administration of arsenic and the local application of zinc ointment hasten the cure. In the case of a gentleman I saw in consultation, who was gouty and had albuminuria, colchicum with magnesia quickly removed the malady. These remedies are also very valuable in chronic eczema occurring in persons of a gouty habit. Indeed, in eczema, as in all diseases, the importance of looking for some diathesis cannot be over-estimated. A disease often resists cure till such constitutional vice has been discovered and corrected. A short time ago I cured a gentleman of gouty eczema with liquor potassæ in thirty-minim doses, given with compound infusion of gentian, three times a day.

In chronic eczema of the hands arsenic almost invariably does good, and, as a local application, the diluted nitrate of mercury ointment. For eczema of the axillæ, which is frequently accompanied by boils, the internal administration of the perchloride of mercury, and the local application of mercurial ointment, are almost a specific. I have cured two cases of this kind which had resisted all other treatment. The combination of iron with sulphate of magnesia is most valuable in the treatment of eczema in anæmic young women with constipated bowels. The dose of sulphate of iron should be larger than that usually given. I give three- or four-grain doses. In anæmic young men the tincture of perchloride of iron, in at least half-drachm doses, answers better than the sulphate. I quickly cured a medical student of chronic eczema of the legs by this treatment, when other remedies prescribed by a specialist had failed. In chronic eczema of the face an ointment of equal parts of white precipitate ointment, and either zinc or compound subacetate of lead ointment is very useful. Sometimes, especially where the hairy parts are affected, the dilute nitrate of mercury ointment succeeds better. In eczema of the lips a private patient has derived great benefit from an ointment composed of almond oil, yellow beeswax, new honey, and oxide of zinc, a formula which I obtained from a paper by Dr. Durkee, in the *Journal of Cutaneous Medicine.* I have cured two cases of eczema of the nostrils by the application of dilute nitrate of mercury ointment. This ointment is best diluted with vaseline. Preparations of tar are of great use in some cases of chronic local eczema, but English skins are not so tolerant of these remedies as German skins.

Patients subject to chronic eczema should, as a rule, avoid salt meats, soups, sweets, acids, fruits, pastry and raw vegetables.

Eczema in young children is frequently a very troublesome malady, probably owing to the disturbing influence of dentition. In children a few months old, where the disease is syphilitic, I give gray powder night and morning, and apply a mercurial ointment. When

the disease has somewhat subsided, I give the syrup of the iodide of iron. The perchloride of mercury has disappointed me in these cases. In non-syphilitic eczema, after correcting any error in diet, and attending to the state of the secretions, I prescribe the ferro-arsenical mixture of Mr. Erasmus Wilson, and apply the zinc ointment, and generally with the happiest results. I have recently cured three cases of eczema of long standing, which had resisted all previous treatment, by this method. It is very important in this, as in all forms of eczema, that the treatment should extend over a considerable time, in some cases six months. In eczema of the scalp, and generally in impetiginous eczema, after the removal of the scabs by poultices and oil, the local application of the *unguentum hydrargyri cum plumbi* of the Skin Hospital is invaluable. Eczematous children are almost invariably benefited by cod-liver oil.

ON THE CAUSES OF PUS IN THE URINE, AND ON THEIR DIFFERENTIAL CHARACTERS.

A Clinical Lecture delivered on March 21, 1879, being the last delivered by the late Charles Murchison, M.D., LL.D., F.R.S., Physician to and Special Lecturer on Clinical Medicine at St Thomas's Hospital, London.

The characters of the pus found in the urine are different in different cases. Sometimes, soon after micturition, when seen in a test glass, the urine is in its upper part quite clear, while the pus which has deposited appears as a more or less creamy layer at the bottom. At other times, notwithstanding the urine has been passed for some little time, it is everywhere alike turbid with pus, which remains permanently diffused. The first urine is acid, and contains ordinary pus; the second is alkaline, more or less viscid and gelatinous, and contains altered pus.

Three tests are used to determine the presence or absence of pus in the urine: the heat and nitric acid, the liquor potassæ, and the microscope tests. The first, the ordinary test for albumen, produces in the first or acid urine a greater or less opacity in the clear portion, and a much more marked one in the creamy layer. A deposit of pus is at the same time distinguished from one of pale lithates, both of which appear alike to the naked eye, since the latter would be cleared up by this test. If the second or alkaline urine be heated, it becomes a little more opaque (phosphates being precipitated), when, if nitric acid be added, it becomes again a little clearer (the phosphates being again dissolved); so that the two leave its turbidity much as it was before, the pus remaining unaltered. If liquor potassæ be added to the acid urine, the pus becomes viscid and gelatinous, "ropy." If the precipitate be phosphates instead of pus, this change does not take place. In the alkaline urine this change has already been effected. With the microscope, which gives the best evidence, if pus be present, pus-corpuscles are seen, identical in appearance with white blood-corpuscles. How, then, can they be distinguished? you ask. They can not be; they are, in fact, only white blood-corpuscles in the wrong place. If treated with a drop or two of acetic acid, the granular contents in each disappear, and in its place a nucleus, often three-lobed, is seen.

The pus in pyuria comes from five sources: I. The female genital organs; II. The urethra; III. The bladder; IV. The kidneys and ureters; V. Abscesses which burst into the genito-urinary channels.

I. If the pus be from the female genital organs it is due to one or more of the principal causes: A. Acute and chronic vaginitis (vaginal leucorrhea); B. Uterine leucorrhea; C. Ulceration of the cervix uteri; D. Cancer of uterus; E. Lochial discharge; F. An abscess, as one due to pelvic cellulitis, bursting into the genital organs. These are distinguished from other causes by: 1. The clinical history and the symptoms of one or more of these affections; 2. The microscopical examination of the urine, in which may be found pavement-epithelium from the uterus, or cancer structure; 3. A purulent discharge independent of micturition; 4. The absence of pus from the urine when drawn off directly from the bladder by a catheter.

II. If the pus be from the urethra, having special reference to the male, most of it comes away just before the urine in micturition. It is also discharged in the intervals between the micturitions, and the urine is usually acid. The causes are: A. Gonorrhea; B. An abscess of the prostate; C. An abscess of Cowper's glands or of the perineum, opening into the urethra.

A. *Gonorrhea* is distinguished by: 1. Great pain and burning in the urethra during micturition; 2. Redness, swelling, itching, and burning at the meatus; 3. The appearance of pus at the meatus when the glans penis is gently pressed between the thumb and fingers.

B. *An abscess of the prostate* is distinguished by: 1. Pain which is present not so much during as just at the termination of micturition; 2. A swelling and tenderness of the prostate which is discoverable by rectal examination; 3. The condition of the prostate, which enables the physician by squeezing it to force pus and microscopic calculi along the urethra and out at the meatus. According to Sir Henry Thompson, an abscess of the prostate may give rise to inflammation extending back into the neck of the bladder, accompanied by symptoms resembling those of stone; such as great frequency of micturition, pain following micturition and referred

to near the lower end of the penis, a little blood occasionally with the last drops of urine, an alkaline reaction of the urine which is turbid with altered pus, an exaggeration of all these symptoms when the patient is exercising or moving about. Such a condition is distinguished from stone by (*a*) the absence of any history of the descent of a calculus; (*b*) more or less discharge from the urethra during the intervals between micturitions, but perhaps appearing only upon squeezing the glans penis or urethra; (*c*) often a history of gonorrhea; (*d*) swelling and tenderness of the prostate; (*e*) the absence of at stone in the bladder, determined by the sound.

C. *An abscess in Cowper's glands or the perineum* is detected by local examination.

III. If the pus be from the bladder, most of it comes away at the end of micturition. It is altered, viscid, and like "ropy mucus," due to the alkaline condition of the urine. The urine is usually more or less ammoniacal, fetid, and deposits crystals of triple phosphates. There is more or less pain in the region of the bladder over the pubic bones, which is increased according to the disease present, sometimes before and sometimes after micturition, and which is often accompanied with tenderness in the same region, especially when the bladder is full of urine; and there is increased frequency of micturition. The causes are: A. Cystitis; B. Calculus; C. New growth.

A. *Simple cystitis*, independent of calculus or new growth, is distinguished by: 1. Pain, which is severest just before micturition, when the bladder is full, and which is relieved by emptying the bladder; 2. Hematuria only in rare cases excepting when the disease is unusually acute or the result of an injury; 3. The symptoms of the primary trouble of which cystitis is really only a symptom; such as (*a*) the retention of urine by stricture, an enlarged prostate, by a stone in old people, by fevers paralyzing the muscular coats of the bladder, or by paraplegia; (*b*) gonorrhea extending backward to the bladder; (*c*) poisoning by cantharides, or by morbid states of the blood, as occurs in gout (gout being the cause of most "idiopathic" cases); 4. The absence of symptoms specially characteristic of stone or new growth.

B. *Calculus* is distinguished by the symptoms of the accompanying cystitis, and by: 1. Pain, which is severest at the end of micturition and for some time after (because then for a time, when the bladder is empty, the stone comes in contact with the sensitive mucous lining), and which is more distressing than the pain in simple cystitis, and referred to the glans penis about one inch from the meatus; 2. Hematuria very commonly in small quantity, so small often as only to be detected by the microscope, which is increased by violent exercise; 3. Increased frequency of micturition, which is more noticeable during the day when the patient is moving about than it is during the night (the reverse being true in prostatic stricture); 4. Sometimes a sudden stoppage in micturition due to the stone acting as a ball-valve in the bladder-opening of the urethra; 5. In a great number of cases a previous history of nephritic colic, a severe pain shooting from one kidney down to the testicle or penis, retraction of the testicle attended with rigor and vomiting, nausea, pallor, a quick and feeble pulse, intermittent pyrexia, and sometimes swelling of the testicle, all suddenly ceasing after the passage of the stone into the bladder; 6. The passage of a stone, red sand, or gravel in the urine; 7. The presence of a stone determined by a sound.

C. *New growths* originating in the bladder or penetrating it from without, either exciting secondary cystitis or ulcerating, are distinguished by: 1. Paroxysms of severe lancinating pain quite independent of micturition (in villous disease, however, there need be no pain if the urethra be not blocked by a blood-clot); 2. Hematuria, irrespective of exercise, which is irregular, coming on at long intervals, or being very persistent, and is sometimes very copious, especially in villous disease, in which it is dangerously so; 3. The presence in the pus of epithelial cancer-cells, or, in villous disease, villous processes; 4. Cachexia and emaciation; 5. The absence of stricture, prostatic disease, and other causes of retention; 6. Possibly a hard, irregular, tender tumor, which can be felt by the rectum or vagina; 7. Possibly enlarged glands in the groin, or the evidence of new growths in distant parts of the body; 8. In the absence of an appreciable tumor, and the presence of symptoms resembling those of stone, the evidence furnished by the sound, which may detect a thickening of the bladder-wall, but not the presence of a stone.

IV. If the pus be from the kidneys or the ureters, it is at first uniformly mixed with the urine, but after a little settles as a creamy layer, leaving the urine above clear. The urine is acid, as a rule, but may become alkaline by standing too long after micturition, or be alkaline from the first if pus comes from the bladder as well as from the ureter, and, when alkaline, is turbid with altered pus, which does not settle. There is pain and tenderness over the kidney and about the crest of the ilium which extends down to the bladder and penis (pain alone over the kidney may be a symptom of bladder disease only, but tenderness there is very significant). A tumor in the kidney region may be sometimes detected, and should in all cases be looked for. Increased frequency of micturition may be present, but without pain in the bladder either before or after micturition. The causes are: A. Certain rare cases of acute nephritis; B. Calculus pyelitis: C. Tubercular pyelitis; D. Pyelitis from obstruction of the urinary passages.

A. *Certain rare cases of acute nephritis.* These

are such as sometimes supervene in cases of carbuncle, boils, erysipelas, acute fevers, parturition, or pyemia, and also occur in rare instances in which gonorrhea spreads upward as acute pyelitis as well as acute nephritis, and are recognized by: 1. The slight quantity of pus; 2. The degenerate products of nephritis, such as epithelial pus or hyaline casts, etc.; 3. The previous history of smokiness or other evidence in the urine of the existence of acute nephritis; 4. A quantity of albumen much too great to be accounted for by the amount of liquor puris; 5. General dropsy not uncommonly; 6. Uremic symptoms possibly, such as headache, retching, drowsiness, coma, or convulsions; 7. The absence of any tumor to be detected externally; 8. A dry skin; 9. The previous history of one of the above causes.

B. *Calculous pyelitis* is distinguished by: 1. A previous history, though not always, of nephralgia, a pain extending from the kidney to the testicle, penis, vagina, or thigh, attended with rigors, nausea, vomiting, frequent micturition, hematuria, retraction or swelling of the testicle, pallor, a quick and feeble pulse, and some fever, perhaps; 2. Pain and tenderness, or simply a burning or aching, not necessarily in all cases, however, more or less constant in the region of one kidney or both, which is increased by much exercise and fatigue, or may be present only during fatigue; 3. Hematuria, especially when the calculus is composed of oxalate of calcium, and in any other case after violent exercise, while microscopic blood is usually present at other times; 4. A variation in the quantity of pus from day to day; 5. The absence of casts; 6. Crystals of uric acid, or not uncommonly of oxalate of calcium; 7. A tumor in certain cases, not in all, more or less painful, in the kidney region, which enlarges when the quantity of pus in the urine diminishes, and becomes smaller or disappears when the quantity suddenly increases; 8. Attacks of intermitting pyrexia, occasionally ushered in by rigors, and followed by profuse sweating, which are most severe when the tumor is largest; 9. Absence of dropsy and other signs of acute nephritis, though the patient may ultimately die of uremia due to the wasting of the secreting tissue of the kidney; 10. Its duration, which may be a fair lifetime (one case lasted forty years), or may end favorably by the stone passing into the bladder or becoming encysted.

C. *Tubercular pyelitis* is distinguished by: 1. The absence of any history of renal colic; 2. A constant, dull pain in the back, over one kidney or both, with exacerbations when the ureter becomes blocked, and which is accompanied with tenderness over only one kidney in nine cases out of ten; 3. Hematuria not uncommonly which is slight, and may be the earliest symptom, and then disappear; 4. The unvarying or steadily-increasing quantity of pus in the urine; 5. The absence of casts from the urine and the presence often of amorphous granular matter insoluble in acetic acid, of particles of caseous matter, or fibers of connective or elastic tissue; 6. The absence of crystals; 7. The formation, if the ureter be blocked, of a tumor, which may point externally or even stretch across the middle line (out of sixteen cases a tumor formed in seven); 8. Persistent pyrexia, usually intermittent and hectic, with night-sweats; 9. As a rule, persistent and rapid emaciation, but the patient may even gain flesh under treatment; 10. Signs of tubercle in the lungs, bowels, testes, prostate, vertebræ, or elsewhere; 11. The fact that it occurs more frequently in males than in females; 12. The absence of dropsy and any tendency to uremia, the patient dying from exhaustion; 13. The rapid progress of the disease, which rarely lasts two years.

D. *Pyelitis from obstruction of the ordinary passages* is distinguished by: 1. The history and symptoms of a primary obstructive disease, as cancer of the uterus, stricture, enlarged prostate, hydatids in the pelvis, etc.; 2. Constant aching pain and tenderness in the back, over one kidney or both; 3. Copious urine of low specific gravity, with little urea or albumen; 4. A varying quantity of pus in the urine, possibly with casts, consisting of pus-cells from small abscesses in the substance of the kidney, or with an alkaline reaction due to the concurrent cystitis; 5. Very commonly paroxysms of intermittent pyrexia; 6. The great tendency to headache and uremic symptoms.

V. If the pus be from an abscess bursting into the urinary passages, its places of origin may be very various, some of them being: A. In rare case, empyema; B. A topical abscess of the liver; C. A psoas abscess; D. A prostatic abscess; E. Pelvic cellulitis after or independent of parturition. The urine is usually acid, and the pus falls as a creamy layer. Further, the diagnosis depends upon (1) the clinical history previous to the pyuria, and (2) the concomitant symptoms and signs of the primary disease.—*Medical Record.*

THE TREATMENT OF ECZEMA OF THE HAND, OFTEN MISCALLED PSORIASIS PALMARIS.

How I wish that our masters and teachers of dermatology would make it plain beyond all cavil that there is no such thing as *psoriasis palmaris*, except as a syphilide. Dr. Liveing approaches the nearest to this decision of utterance when he writes (*Handbook on the Diagnosis of Skin-Diseases*, p. 123) that "in syphilitic psoriasis....the palms and soles are often affected, but never in simple psoriasis." But, if the student or junior practitioner turn to the lamented Dr. Tilbury Fox's splendid

Atlas of Skin-Diseases, he will find a plate adopted from Willan and Bateman, and described as *psoriasis palmaris*, a "very obstinate form of psoriasis." It is true that Dr. Fox admits "a scaly thickened condition, with more or less fissuring of the palms of the hands and soles of the feet," as liable to follow eczema and some other affections; but he says that it may be also a part of general psoriasis, which has travelled on to the palm of the hand from neighboring portions of skin.

Acknowledging that the circumferential tracts of the palm may be affected with true psoriasis which has extended from the back of the hand, I confidently affirm (with the greatest respect for Dr. Tilbury Fox's learning and experience) that the disease represented in Willan and Bateman's plate is not psoriasis at all. The anatomical and physiological affinities of the skin of the palm forbid such an idea. The thing may look like psoriasis, but that is quite a different thing, as Dr. Fox would have been the first to admit. Fissures and moist scales on the flexor aspect of a limb proclaim unmistakably that a disease belongs to the eczematous group.

Dr. Fairlie Clarke (*Practitioner*, August, 1874) has observed the confusion which arises from applying the term psoriasis to many different morbid conditions of the tongue. Dr. McCall Anderson describes the eczema of the hand of which I am now speaking, as *eczema rimosum*.

The practical point is this. Wrong names affixed to diseases of the skin suggest and invite wrong treatment. Eczema of the palm of the hand is so disguised and altered by the thickness of the dermal structures, that it is hard to believe the heaped-up, fissured, and often bleeding epidermis to be an eczematous affection. But it is certain that any application of an irritating nature will exasperate the disease, and anything of a specifically soothing nature will gradually cure it.

A gentleman a little past middle age, of a healthy constitution, and engaged in the Civil Service, came to Bath from London last autumn with an eczema of the hands and feet more intense than (I think) I had ever seen before. He had been under the care of a distinguished London surgeon, who had called it eczema, but had certainly treated it as a psoriasis; for *liquor carbonis detergens* had been prescribed in a lotion, and arsenic had been given internally. The result was most disastrous. No treatment with thermal waters could permanently benefit such useless hands and painful feet. The hands were alternately bathed with glycerine and covered completely with compound lead ointment (the form I always use is given in Mr. W. Spencer Watson's book on *Diseases of the Nose and its Accessory Cavities*); and light thread gloves were constantly worn. Only the ointment was applied to the feet. At a later stage, the parts were washed with milk and sulphur-soap; and towards the end of the treatment arsenious acid was ordered in the form of pills. At the expiration of about three weeks, my patient left Bath much better; he got through the terrible winter without serious drawback, and in February he was virtually well. For some time, he used the ointment occasionally; the smoothness and flexibility of the palms of the hands are perfectly restored, and he can walk any reasonable distance with ease and comfort.—By John Kent Spender, M.D. Lond., Bath—*British Medical Journal.*

ON OBLIQUE LINEAR SCARIFICATION OF THE SKIN IN THE TREATMENT OF PORT-WINE MARK.

By BALMANNO SQUIRE, M.B., Lond.

Surgeon to the British Hospital for Diseases of the Skin.

The performance of (vertical) multiple linear scarification as a remedy in some diseases and malformations of the skin as first proposed by myself, has now, for some two or three years, become commonly practised, but it has been found, both by myself and others, to be a more or less tedious process, more especially in relation to that otherwise invincible condition known as a port-wine mark.

The "obliteration of port-wine mark without scar" is a problem which still demands a somewhat easier solution than has yet been found for it, and it is probable that in *oblique* scarification this end has been already arrived at.

The process of *vertical* scarification cuts off definitively all lateral supply of blood to the cavernous vascular structure of which the skin affected with port wine mark mainly consists, but it does not cut off the abnormal supply of blood from *below*, namely, from the subcutaneous vascular net-work. Hence the frequent repetition of linear scarification which has hitherto been required, in order effectually to obliterate the port-wine mark. However, by means of oblique scarification the cure of any definite portion of a port-wine mark may be easily accomplished in only two sittings, and this fact is readily intelligible on the hypothesis that, in this way (after duly reversing the incisions in the manner to be mentioned), the supply of blood to the over vascular skin is finally cut off in *every* direction, except, indeed, by means of those limited channels which subsequently become re-established, and which serve eventually only for the due nutrition of the tissue operated on.

The satisfactory result which is thus obtainable is effected equally as in the case of vertical scarification without the production of any scar.

It remains for me only to describe the few details of the improved process.

At the first operation (performed after freezing the skin with the ether spray), the skin is

cut by means of a scalpel rapidly into a series of minute squares, but the instrument, instead of entering the skin perpendicularly, enters it obliquely, that is to say, at an angle of 45° with the surface, so as to divide the skin, not into a series of vertical slices at each of the two crossed operations, but into a series of slanting flaps.

The second operation is precisely the same as the first, only that the slants are respectively the opposite of the slants practised on the first occasion.

Bleeding is almost absolutely prevented by exercising effective pressure on the surface operated on for say about ten minutes continuously.

I am now engaged in devising the construction of an instrument with many blades for the prompt performance of this operation. It is an instrument similar in many respects to my (*vertical*) multiple linear scarifier, which perhaps explains itself sufficiently by its name.—*Dublin Medical Press*, November 26, 1879.

HOT APPLICATIONS TO THE HEAD IN UTERINE HÆMORRHAGES.

The anæmia of the brain is one of the most dangerous symptoms in acute hæmorrhage; hence Schroeder recommends to put the head of the patient low. Others recommend transfusion, some Esmarch's apparatus on the extremities (Moeller), and nitrate of amyl has also been highly spoken of, in order to force more blood in the anæmic brain.

Koehler used for the last seven years hot applications to the head, in order to remove anæmia from the brain, especially as the brain is considered the chief factor of life. At the same time hot applications may be put over the cardiac region. As sand is nearly always handy, he prefers hot sandbags. The patient bears well, sand of such high temperature that the hand can hardly hold it. The sandbags are hardly applied when consciousness returns, the pulse returns and becomes stronger, the patient acknowledges to feel better, the dimness before the eyes and the surging in the ears disappear, and, as the heat in the bag declines, she requests another hot one. Even in most desperate cases Dr. Koehler saved thus the life of his patient. There is no time lost, inasmuch as any person can attend to it. In acute anæmia, in consequence of epistaxis, the same treatment succeeds. Let us discard the ancient horrible icebag in anæmia from acute hæmorrhages. The patient wants heat, it feels agreeable to her, let us respond to this call of nature.—*Allg. Med. Cent. Zeitung*, 2, 1879.—*Maryland Medical Journal.*—*Nashville Journal of Medicine and Surgery*, September, 1879.

DOUBLE PNEUMONIA AND ABORTION.

On the 11th March I was called to see, with another physician, a white woman, aged thirty-three; skin very hot, both cheeks flushed, eyes suffused, respiration about 23, pulse 120. Complained of severe pain in both sides of the chest. Cough constantly. Both sides dull on percussion, right side more involved. Respiratory murmur at upper part of both lungs very loud, accompanied by some fine crepitation. Tongue very broad and flat, deeply furrowed in centre, base covered with a dense, dirty, brownish fur, lips red, breath very offensive. Diagnosed double pneumonia. Ordered a large mush poultice, to cover both sides of the thorax, to be as hot as the patient could endure it. Acetate of ammonia, in one drachm doses, to be given every three hours. Five grains of dextro-quinine every six hours. Eleven A.M. next day pulse was 120. Right lung more involved, pain more acute, respiration more rapid, mouth dry, tongue more brown, fissure deeper, heat of skin 103½. Ordered poultice to be continued, and increased my dose of dextro-quinine to twelve grains, to be given at once, and repeated in four hours. At nine P.M. saw the patient; complained of diarrhœa. Three doses of dextro-quinine were taken, and the symptoms were much improved. For the diarrhœa a few drops of Monsell's solution of iron were ordered every hour. Nourishment principally consisting of milk. Dextro-quinine was given only twice during the night. On the morning of the 12th symptoms much improved, though the dullness was as great, but heat and restlessness abated somewhat; diarrhœa under control. During the next two days the acetate of ammonia was continued in one-drachm doses, every four hours, five grains of dextro-quinine to be given three times a day.

On the 15th I was called in haste to her. Found pulse 135, respiration very rapid, skin very hot; two slight convulsions came on while I was with her. Ordered beef tea and milk to be given frequently, in small quantities. Tincture of veratrum was given in small doses every hour. Four o'clock I saw her again; was told that labor pains were on her. She was four months advanced. Made a vaginal examination, and found the os dilated, perineum soft and yielding, but little hemorrhage, and before I left the house the fœtus was expelled, minus the placenta. The shock this abortion inflicted on the system was fearful; she became semi-comatose, pulse went up to 150, small and thready, breathing diaphragmatic. Several convulsions then came on. Hard ones were on her in twenty minutes or more. Face was pale, skin of body intensely hot, while the extremities were cold. Something had to be done forthwith, and as I put about as much faith in dextro-quinine as most men do in a good brake on an express train, I poured out what I thought to

be a good twenty-grain dose of that drug, which was dissolved in a solution of tartaric acid, and poured it down her throat. This was repeated in an hour. It was certainly marvelous to witness the effects produced. In two hours the pulse was reduced forty beats, and the skin much cooler. Though the convulsions did not entirely subside in that time, they were very much lessened. In three hours more I gave her ten grains again; by night she recovered her senses. Next day I found, to my surprise, that there was very much less solidness of lung than at any other time since I first saw her. I removed the placenta with a hook this day; but very little hemorrhage occurred at any time. The dextro-quinine was now combined with Squibb's tincture of iron, five grains to thirty drops every three hours. From this time on the convalescence went on uninterruptedly. I make no comments on this case, but would ask the attention of the profession to the line of treatment followed, which I believe will be found a successful one in cases, both of double pneumonia, pleuro-pneumonia, intermittent fever, and allied diseases.

L. A. RUTHERFORD, M.D.

Macon, Ga.

—*Philadelphia Medical and Surgical Reporter.*

EFFECTS OF TEA ON THE SYSTEM.

Dr. W. J. Morton, of New York, describes a nervous disorder resulting from excessive tea drinking (*Journal of Mental and Nervous Disease*, Oct.), and adds these general conclusions on the subject:—

1. With tea, as with any potent drug, there is a proper and improper dose.

2. In moderation, tea is a mental and bodily stimulant of a most agreeable nature, followed by no harmful reaction. It produces contentment of mind, allays hunger and bodily weariness, and increases the incentive and the capacity for work.

3. Taken immoderately, it leads to a very serious group of symptoms, such as headache, vertigo, heat and flushings of body, ringing in the ears, mental dullness and confusion, tremulousness, "nervousness," sleeplessness, apprehension of evil, exhaustion of mind and body, with disinclination to mental and physical exertion, increased and irregular action of the heart, increased respiration.

Each of the above symptoms is produced by tea taken in immoderate quantities, irrespective of dyspepsia, or hypochondria, or hyperæmia. The prolonged use of tea produces, additionally, symptoms of these three latter diseases. In short, in immoderate doses, tea has a most injurious effect upon the nervous system.

4. Immoderate tea drinking, continued for a considerable time, with great certainty produces dyspepsia.

5. The immediate mental symptoms produced by tea are not to be attributed to dyspepsia.

In the above experiment upon myself, the whole group of symptoms was produced, with no sign of digestive trouble superadded.

6. Tea retards the "waste," or retrograde metamorphosis of tissue, and thereby diminishes the demand for food.

It also diminishes the amount of urine secreted.

7. Many of the symptoms of immoderate tea drinking are such as may occur without suspicion of tea being their cause; and we find many people taking tea to relieve the very symptoms which its abuse is producing.

SWALLOWING A SAFETY PIN.

A remarkable case is reported to us in a letter from Dr. G. S. Trezevant, of Columbia, S. C. A little girl, three and a half years old, swallowed what is known as a safety or diaper pin, the point of which rests in a sheath when closed, but when not, opens, by a spring, to the width of $\frac{3}{4}$ of an inch. This formidable apparatus was swallowed when opened. Dr. Trezevant's advice to the parents was to abstain from all medication, as the only hope for the child's safety was for the pin to become imbedded in the fæces, so as to guard the point, and to feed the child on such nourishment as would favor constipation. The little girl did not have an ache or pain; bowels open regularly once every day. Two weeks, exactly, after the pin had been swallowed, it was passed, imbedded in the solid fæces.

We would call attention to the sound wisdom of this advice. It was exactly right; yet we have known physicians who, in similar cases of swallowing foreign bodies, advised spare diet and cathartics. Nothing could be further from correct practice.—*Phil. Med. Reporter*, Dec. 13, 1879.

A GOSPEL TRUTH.

Writing of "gratuitous treatment of clergymen," Dr. Wood, in the *Philadelphia Medical Times*, says:

It has long been etiquette among physicians, how long we do not know—always, perhaps—to treat clergymen without remuneration. In the opinion of the laity a doctor's fee, no matter how small it may be, seems out of proportion to what he expends or gives for it. The line or two of hieroglyphics and the dozen words of advice are all-powerful for life or death; but they cost the physician nothing at the time they are given, although the giver may have spent thousands of dollars on his education. A certain annual income is then necessary in order simply to pay the interest upon what his know-

Montreal, November 28th, 1879.

A regular meeting was held this evening. The President, Dr. R. P. Howard, in the chair. There were twenty members present.

The minutes of last meeting were read and approved.

Dr. Henry Howard read a paper on "Imbecility."

Remarks on this paper were made by Drs. R. P. Howard, Kennedy and Roddick.

A vote of thanks to Dr. Howard was moved by Dr. F. W. Campbell, seconded by Dr. Roddick, and carried.

Dr. Frank Shepherd exhibited a specimen from the dissecting-room of McGill College. The humerus had been amputated, and the cut ends of the brachial plexus were enlarged.

Dr. F. W. Campbell mentioned the fact that twelve days previously he had vaccinated a child in Donegana street, two hours after he vaccinated another child in St. Charles Borromée street; eight days after the child in Donegana street had an attack of convulsions, two hours after, the second child had a similar fit.

Dr. Trenholme stated that no doubt teething was the cause of the convulsions.

Dr. R. P. Howard asked if there was any history of rickets, as it was a well-known fact in rickety children, the slightest irritation would induce convulsions.

Dr. F. W. Campbell said there was no such history.

Dr. Kennedy mentioned the fact of seeing three children in the Hospital with small-pox, all three had been vaccinated just before the attack, and the vaccine vesicle had matured prior to the eruption of small-pox. Dr. R. P. Howard said some families take small-pox over and over again. He referred to one doctor who could never attend a case without contracting the disease. From such facts it is quite evident that there are some cases that even small-pox will not protect from other attacks let alone vaccination.

O. C. Edwards, M.D., *Secretary.*

HYPODERMIC USE OF CHLORAL IN CONVULSIONS.

Dr. Joseph L. Bauer, in the St. Louis *Clinical Record*, recommends the hypodermic injection of chloral hydrate in the convulsions of children. In a boy of seven years, whose case seemed desperate, the patient being unconscious and unable to swallow, the injection of four grains was followed by almost immediate relief. A small abscess resulted from the puncture.

MURDER OF AN ITALIAN PHYSICIAN.

The "kill or cure" system which is supposed to have existed in bygone ages has just received a cruel and literal illustration in Italy.

At the last assizes in Spoleto a trial for murder took place under the following circumstances:—A certain Signor Marcucci, of Spoleto, a gentleman of good property and position, called in a physician of the place, one Dr. Domenicis, to attend his only son, who was seriously ill. If, said Marcucci, the young man recovered, Dr. Domenicis should receive two thousand francs; if, on the other hand, the patient died, Dr. Domenicis should be killed! It cannot be for a moment seriously contended that such an alternative was accepted in good faith by the doctor. He would probably treat the case in the ordinary manner, and smile at the idea of such a threat being carried out. However, Signor Marcucci proved to be a man of his word, for the lad died, and Marcucci thereupon did kill Dr. Domenicis. He coolly murdered him, with apparently no attempt to conceal the act. The unfortunate physician left a widow and family behind him. But no compunction or pity availed to stay Marcucci's hand. And now what does the reader suppose was the sentence pronounced on this barbarous ruffian in an Italian court of justice? He was condemned to five years' imprisonment and the payment of a five of twenty-five thousand francs, to be given as damages to the doctor's widow.

SUCCESSFUL TRANSFUSION WITH CHICKEN'S BLOOD—HEARTLESS INGRATITUDE.

Dr. L. L. Staton reports (*Maryland Med. Journal*, v. 391) a case in which he injected an ounce and a half of chicken's blood into the femoral artery of a man apparently dying from exhaustion after operation for stone. The result was that the patient went to sleep, and the foreign corpuscles filled his head with visions of chicken-broth. On waking, chicken-broth was lustily called for, and soon the "identical old hen" yielded to the stomach of her foster-son whatsoever of flesh she had gathered in her five years of earthly pilgrimage. Recovery.

DIED.

In Ottawa, on the 6th of September, Joseph Garvey, M.D. (McGill College, 1852), aged 49 years.

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CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

Empyema Necessitatis and Empyema cured by Aspiration, by Henry Chipman, M.D., Grand-Pré, Horton, N.S., 85 — Ecraseur for the removal of Internal Uterine Tumours (illustrated), by William Scott, M.D., Woodstock, Ont., 86 —A New Rectal Bougie, by C. E. Nelson, M.D., New York (illustrated), 87—Address of Dr. J. W. Mount, President of the Société Médicale of Montreal, ...88

CORRESPONDENCE.

Letter from Dr. Codd, of Winnipeg...90

PROGRESS OF MEDICAL SCIENCE

PAGE

Treatment of Eczema, 91 — On the Causes of Pus in the Urine, 92 — Treatment of Eczema of the Hand, often miscalled Psoriasis Palmaris, 94 — On Oblique Linear Scarification of the Skin in the treatment of Port-Wine Mark, 95 —Hot Application to the Head in Uterine Hæmorrhages, 96 — Double Pneumonia and Abortion, 96 — Effects of Tea on the System, 97 — Swallowing a Safety Pin, 97—A Gospel Truth, 97 — Therapeutical Notes, 98 — Cure of Consumption, 98 — Typhoid Fever—its treatment, 98 —Succinate of Iron in Gall-stones, 99—Hysterical Retention of Urine, 100—Treatment of Lumbago, 100—

PAGE

Hot-water Douche in Parturition, 100 — Value of Calomel in the Zymotic Diseases of Infancy, 101— Method of Preserving Dead Bodies, 102 — Treatment of Hemorrhoids, 102 — Coto Bark in the Diarrhœa of Phthisis, 103 — Treatment of Enteric Fever, 103 — Treatment of Typhoid Fever in the Philadelphia Hospitals, 104 — Treatment of Hemorrhoids, 106—Pruritus Ani...107

EDITORIAL.

Board of Health, 108—Woman's Hospital of Montreal, 110 — Medico-Chirurgical Society of Montreal...112

Review.....110

Marriages.....112

Original Communications.

EMPYEMA NECESSITATIS, AND EMPYEMA CURED BY ASPIRATION.

By HENRY CHIPMAN, M.D., Grand Pré, Horton, Nova Scotia.

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CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

Empyema Necessitatis and Empyema cured by Aspiration, by Henry Chipman, M.D., Grand-Pré, Horton, N.S., 85 — Ecraseur for the removal of Internal Uterine Tumours (illustrated), by William Scott, M.D., Woodstock, Ont., 86 —A New Rectal Bougie, by C. E. Nelson, M.D., New York (illustrated), 87—Address of Dr. J. W. Mount, President of the Société Médicale of Montreal, ...88

CORRESPONDENCE.

Letter from Dr. Codd, of Winnipeg...90

PROGRESS OF MEDICAL SCIENCE

PAGE

Treatment of Eczema, 91 — On the Causes of Pus in the Urine, 92 — Treatment of Eczema of the Hand, often miscalled Psoriasis Palmaris, 94 — On Oblique Linear Scarification of the Skin in the treatment of Port-Wine Mark, 95 —Hot Application to the Head in Uterine Hæmorrhages, 96 — Double Pneumonia and Abortion, 96 — Effects of Tea on the System, 97 — Swallowing a Safety Pin, 97—A Gospel Truth, 97 — Therapeutical Notes, 98 — Cure of Consumption, 98 — Typhoid Fever—its treatment, 98 —Succinate of Iron in Gall-stones, 99—Hysterical Retention of Urine, 100—Treatment of Lumbago, 100—

PAGE

Hot-water Douche in Parturition, 100 — Value of Calomel in the Zymotic Diseases of Infancy, 101— Method of Preserving Dead Bodies, 102 — Treatment of Hemorrhoids, 102 — Coto Bark in the Diarrhœa of Phthisis, 103 — Treatment of Enteric Fever, 103 — Treatment of Typhoid Fever in the Philadelphia Hospitals, 104 — Treatment of Hemorrhoids, 106—Pruritus Ani...107

EDITORIAL.

Board of Health, 108—Woman's Hospital of Montreal, 110 — Medico-Chirurgical Society of Montreal...112

Review.....110

Marriages.....112

Original Communications.

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PAGE

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CORRESPONDENCE.

Letter from Dr. Codd, of Winnipeg...90

PROGRESS OF MEDICAL SCIENCE

PAGE

Treatment of Eczema, 91 — On the Causes of Pus in the Urine, 92 — Treatment of Eczema of the Hand, often miscalled Psoriasis Palmaris, 94 — On Oblique Linear Scarification of the Skin in the treatment of Port-Wine Mark, 95 —Hot Application to the Head in Uterine Hæmorrhages, 96 — Double Pneumonia and Abortion, 96 — Effects of Tea on the System, 97 — Swallowing a Safety Pin, 97—A Gospel Truth, 97 — Therapeutical Notes, 98 — Cure of Consumption, 98 — Typhoid Fever—its treatment, 98 —Succinate of Iron in Gall-stones, 99—Hysterical Retention of Urine, 100—Treatment of Lumbago, 100—

PAGE

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EDITORIAL.

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tion of the mortality from enteric fever in hospitals.

As regards the treatment of diarrhea, no astringent or other remedies were prescribed so long as the purging was not severe; but any case in which there were passed three or more loose motions per diem was treated with special remedies.

In the treatment of urgent diarrhea sulphuric acid was frequently prescribed, often in conjunction with opium, or opium and its preparations were given by themselves. In children vegetable astringents were used, such as catechu, hematoxylin, etc. When the purging became severe, and a remedy was required which should act in a short space of time, enemata with opium, or morphia suppositories (gr. ½) were used. Occasionally the tincture of assafetida was added to an enema if there was much distention of large intestine. Hemorrhage was mostly treated with ice-bag to the abdomen, and either morphia or opium by some of the physicians, or spirit of turpentine by others. This last remedy, by results, would appear to have been most efficacious. Ergot was given in three cases. The guide to the seat of application of the ice-bag has been the situation of pain and tenderness. The ice-bag was not invariably ordered when hemorrhage was suspected or showed itself, and when it was applied some astringent was also administered.

In perforation or peritonitis opium was mainly trusted to, and was given in large and continued doses. In one case it had a markedly beneficial effect upon hiccup which was causing great distress. Vomiting, if it became severe, was met by ice, effervescing salines, the subnitrate of bismuth, hydrocyanic acid, and rarely liq. strychnia. In one case the vomiting was arrested by an addition to diet.

Delirium and sleeplessness were treated with chloral in four cases. Opium was the general remedy, and occasionally bromide of potassium was prescribed, either by itself in large doses (gr. xx), or in combination with other drugs. Further, although the prime reason for ordering a graduated bath was the high temperature, the bath was nevertheless a very successful remedy in controlling delirium.

Constipation was combated in the great majority of cases by enemata, either simple ones of gruel, or with castor oil thrown in. The rule has been to give one every second or third day if the bowels were very obstinate, but not so frequently if no discomfort. Laxatives were rarely given, and only towards the end of the fever. They consisted of castor oil in drachm or two drachm doses, or of preparations of senna.

Quinia was given in three cases in large doses with a view to the reduction of temperature, but only with slight temporary benefit. To two of the above patients salicylate of soda was given after the quinia had partly failed. Finally, in a fair minority of patients, no medicine was prescribed at all, the only remedy on the bed-ticket being an occasional simple enema.

As regards alcohol, the diet columns show that twenty-six, or over one-third, patients received no alcoholic stimulant whatever, or some only during convalescence. Of the remaining forty patients, thirty-three were ordered stimulants during their first week's residence, and seven only during the second week—in other words, when the fever was most severe. The quantity varied from one glass of wine to eight ounces per diem, and in one case to eight ounces of brandy.

THE TREATMENT OF TYPHOID FEVER IN THE PHILADELPHIA HOSPITALS.

(Prepared for THE N. Y. MEDICAL RECORD.)

THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

The remedies which have been found at the University Hospital to exert the most powerful influence upon the follicular intestinal catarrh, always present in this disease, are first and foremost the nitrate of silver, and next the subnitrate of bismuth and carbolic acid. There would seem to be abundant evidence that nitrate of silver reduces the size of the enlarged follicles, relieves the inflammatory engorgement, and allays the hyperæsthesia of the nerves. It has also been settled by numerous experiments that the nitrate of silver is the most easily administered of the three astringents above mentioned, and the best tolerated by the system. If there is any putrid element in the disease, carbolic acid is employed instead of the nitrate of silver. The nitrate of silver is administered in doses of one-fourth of a grain four times a day. This treatment is persevered in until the ulcers have entirely healed.

If the discharge from the bowels is composed of small, semi-solid stools, it is, with propriety, disregarded; but if the stools are watery and large, opium is administered in pill-form, combined with the nitrate of silver. From one-quarter to one grain of the powdered opium is given three times a day. If there is constipation instead of diarrhœa, belladonna is given conjointly with the nitrate of silver.

Great care is had with regard to the diet when the catarrhal inflammation of the intestines is present. The food employed is, of course, as digestible as possible. Milk has been found to be the best diet in this disease. If the curd appears in the stools, the milk is diluted with water, or lime-water. Of this mixture of milk and lime-water three ounces are given every two hours, or a little over two pints in the course of the twenty-four hours. When the

bowels are torpid, beef or mutton broth is given alternately with the milk.

The beef-tea employed is prepared after the following recipe: Take a quantity of tender meat, and, after cutting off the fat, chop it up fine, put it in a bowl, pour a pint of water over it, and let it stand over night. The water should be kept just on a simmer—the temperature never being allowed to go above 140°, otherwise all the albumen is coagulated, and so either left on the sieve in straining, or introduced into the stomach in the form of curds. After this simmering solution has been allowed to stand over night, pour it into a pipkin, and heat it again gently with enough salt to give it flavor, and, if necessary, add a drop or two of muriatic acid. Then pour it out over a hair-sieve into a jar. The resulting solution will be found to contain all the nutriment possible, and to be the most valuable kind of stimulant and laxative.

When the fever is high, the patient is given all the food he can take. Care is had, however, that, in allowing food, the already inflamed intestinal tract is not further irritated.

The poison in the blood is controlled by means of quinia, and nitro-muriatic or salicylic acid. As a general thing, salicylic acid is only employed where there is some putrid discharge joined with high fever. Quinia is considered (1) to neutralize the effects of the septic poison in the blood, (2) to act as a good tonic to the muscular and nervous systems, (3) to tend to check febrile action, and (4) to remove any malarial element that happens to be present. Quinia is never given in the enormous doses advised by the German physicians. It has been found that such doses will break down high fever, but they produce entirely unnecessary irritation of the gastric mucous membrance. About twelve grains of quinia are given in the course of the twenty-four hours.

The temperature is kept down by preventive measures rather than by the cold bath, which is regarded as a last resort. It is unnecessary after this to say that the practice of the University Hospital is wholly opposed to the indiscriminate cold bathing in typhoid fever, so much in vogue in Germany within a year past.

When the temperature runs up in spite of drugs,—in the milder cases, spongings of the whole body are practised every two hours, the sponges being squeezed out of a mixture of water and bay rum at a temperature of from 60° to 80°. If this does not succeed (it rarely fails), and if the patient's temperature mounts up to 104° or 105°, he is then wrapped up in sheets wrung out of cold water. If the temperature still runs up to such an extent that life is threatened, the patient is placed in a cool bath until the bodily temperature is sufficiently reduced.

Before the local lesions appear, the fever can be more boldly attacked; but when, in subsequent stages, it runs high, it is regarded as partaking of the nature of a sympathetic fever, largely dependent upon the amount of intestinal lesion, and the use of baths at this period is thought to be attended with great risk. If the cold bath is used at all (except as a last resort, and when temperature cannot be reduced in any other way), it is employed during the first ten days in cases where the temperature rises above 103° and cannot be controlled by frequent spongings, large doses of quinia, diaphoretics, etc.

With regard to the use of stimulants, the hospital practice is not in favor of administering them simply because a patient has the fever. It is believed that stimulants are only demanded for the relief of certain symptoms. As a general thing, they are not given to children before the age of puberty. They are only administered to old persons, and to meet certain indications, viz., (1) ataxic nervous disturbances, such as sleeplessness, twitchings of the muscles, maniacal delirium; (2) circulatory disturbances, such as feeble and rapid pulse, and feeble development of the first sound of the heart; (3) profound asthenia, as shown by great tremulousness, inability to make any movement, and tendency to slide down off the pillow; (4) dry and brown tongue, with sordes on lips, teeth, and tongue.

The milder forms of stimulus are always used at first. The one most frequently employed is wine-whey. This is made in the proportion of one part of sherry to three of milk, and as much as a gill or half a pint of it is given in the course of three hours. If the symptoms increase, stronger stimulants are used, such as whiskey. Whiskey is usually given in lime-water and milk; the lime-water prevents the coagulation of the milk by the alcohol. These ingredients are mixed in the proportion of one tablespoonful each of whiskey and lime-water to every three ounces of milk. In this form half an ounce of whiskey is given every hour. If the stimulation is doing good, a diminution of the serious symptoms is noted. If the symptoms increase, on the other hand, the amount of stimulus is reduced.

With regard to complications: relapses are always regarded as true second attacks of the disease, and are treated accordingly. The treatment is resumed, the diet restricted, and the same general watchfulness had over the state of the case as during the course of the first attack.

Hemorrhage occurring early in the attack is considered as of little consequence, but when it supervenes later—when the sloughs are thrown off—it is regarded as a very serious matter. The treatment of hemorrhage is by absolute rest in bed for twenty-four hours, and by the administration of opium, to produce complete quiet for the alimentary canal. The opium is given by the rectum, one grain of the

solid opium being prescribed every two or three hours until the patient is gently under its influence: of astringents, for local action, acetate of lead is preferred. A suppository containing one grain of opium and three grains of the acetate of lead is given three or four times daily. Ergot, by reason of its action upon the walls of the arterioles, is also very highly prized. It is given hypodermically near the supposed seat of the hemorrhage. The food allowed is very small in quantity, and absolutely liquid.

Peritonitis is treated by antiphlogistics, sedatives, perfect rest in bed, and a diet which leaves no residuum to irritate the bowels.

True perforation is regarded as beyond the reach of medical skill to mend.

THE GERMAN HOSPITAL.

The quinine treatment (heroic doses) has been given a fair trial in the wards, and has been found to do but very little, if any, good. It has not even been satisfactorily demonstrated that it reduces the temperature, as the same changes in temperature have taken place in the case of those who have been taking the mineral acids alone. Indeed, after giving quinia some time in some cases it was stopped, and the same changes were found to exist. Quinia has seemed rather to increase the diarrhœa and headache, and in two cases it produced entire deafness for two weeks. Sponging with vinegar and water has been found to act beneficially. Plenty of ice is given the patient to suck, and the ice-cap is applied to the head. The wet pack has been found to lower the temperature for the time being, but in an hour or more it generally mounts up again. To this is added the consideration that it has the disadvantage of necessitating the constant moving of the patient, wearing and weakening the constitution, thereby destroying his or her main support against the disease.

Oil of turpentine, as recommended formerly by Dr. George B. Wood, has been proven to act most beneficially. Especially has it been found useful in those cases where the dry, dark, and heavily coated tongue exists, with abdominal symptoms. It is given in twenty-drop doses in mucilage, every hour or two, and is continued in smaller doses during convalescence. In a large number of cases in which dry, dark tongue existed with tympanites, turpentine acted most beneficially, the tongue regaining its normal color and becoming moist in from six to eight days, and the tympanites disappearing in a much shorter time.

The mineral acids are of great service in keeping the stomach in good order, stimulating the appetite and relieving the intense thirst. In many cases the patients call for their dose of the acid hours before the time, so much are they pleased with its taste and effects. The acid commonly used is the dilute nitromuriatic acid.

Whenever active, wild delirium exists, from one-third to one-half of a grain of morphia is given hypodermically. This medication has been found to act promptly in almost every instance. In one case particularly, the patient towards evening showing signs of approaching delirium, a large dose of morphia was immediately given hypodermically, which had the effect of rendering the patient perfectly rational when he awoke. Upon another occasion, when this same patient again showed signs of approaching delirium, the morphia was omitted, upon which a wild attack of delirium came on, which was at once broken up by the use of a moderate dose of morphia hypodermically.

THE EPISCOPAL HOSPITAL,

The temperature is reduced and the heart strengthened by fifteen-drop doses of the tincture of digitalis and two grains of quinia, every three hours. Stimulants are only employed in the severer cases. Excessive diarrhœa is controlled by injections containing fifteen drops of laudanum and half a fluid ounce of starch. Dilute muriatic acid is given in fifteen drop doses every three hours, and in the second week of the disease five drops of turpentine are administered every three hours. Hemorrhage from the bowels is controlled by the internal use of ergot, and the local application of ice to the abdomen. A number of cases have been treated of late with one-fourth grain doses of the nitrate of silver in the second week of the disease, this dose being repeated every three hours with entirely negative results.

THE PENNSYLVANIA HOSPITAL.

Ten grains of quinia are given daily, and ten drops of muriatic acid every three hours. The patient is sponged all over with cold water, in mornings and evenings. Diarrhœa is controlled by opiates and astringents. This is the routine treatment. The diet is very carefully regulated, consisting principally of beef-tea and milk. When the first sound of the heart is altered (weakened) early in the course of the disease, it is regarded as an indication that the patient should immediately be put upon the use of stimulants; or, if he is already taking whiskey, that the daily amount should be doubled.—*New York Medical Record*, Nov., 1879.

THE TREATMENT OF HEMORRHOIDS.

Dr. F. P. Atkinson, says in the *Practitioner*, August, 1879:—A good deal has of late been written with respect to the operative treatment of hemorrhoids, and I think in this way attention has perhaps been diverted from the use of topical applications. Of course local treatment by itself is of little use, inasmuch as while the cause remains any benefit that may be obtained can only be partial and temporary. As far as

I can see, hemorrhoids are to be divided into three classes, viz., acute, subacute, and chronic, according to the symptoms and time that they have existed, and the treatment has to be adapted to the stage in which they are presented to our notice.

In the acute stage they are inflamed, of a dark red appearance, and give rise to a throbbing, burning pain, or like that which would be produced by the application of a red-hot coal. Mr. Biddle, a fellow-practitioner, tells me that in this stage the effect of calomel-dusting is something wonderful, and that relief is more quickly gained from this than anything with which he is acquainted. He considers that it acts in a two-fold manner, viz., upon the liver, and at the same time as a local sedative. Sponging also with hot water gives a good deal of ease.

If this treatment prove inefficient, and the pain be very excessive, leeches may be applied to the anus, or an incision made into the centre of the swelling and the contents squeezed out.

In the subacute stage the feeling complained of is more that of weight and tension, though on going to stool the pain is often very acute.

To relieve the existing condition, the compound gall ointment or a solution of acetate of lead and opium should be freely and frequently applied, and an enema of cold water used after each action of the bowels.

In the chronic stage the best application is the common pitch ointment. For this useful piece of knowledge I am indebted to a Mr. Corbett, and he, it appears, got the hint from an old nurse by seeing her apply some tarred rope. Its astringent effect is something remarkable, and I know of nothing which acts so quickly and effectually.

The general treatment has to be directed towards altering the particular mode of living which has brought about the abnormal condition. Hence all luxurious and sedentary habits, hard riding, venereal excesses, the use of aloetic purgatives, should be forbidden; whilst the object of the *medicinal treatment* should be to keep the bowels freely relieved and lessen as much as possible portal congestion. Dr. Young, of Florence, wrote a paper in the *Practitioner* of January, 1878, upon the use of glycerine internally in these cases, but I do not think it has any specific action upon the hemorrhoids themselves; the improvement which he says takes place is, I fancy, in all probability, simply due to an increased action of the bowels which it produces. Confection of senna is a particularly useful, and by no means unpleasant, aperient in these cases. I would, however, rather suggest the use of a euonymin pill occasionally at night with a dose of effervescing Carlsbad salts in the morning, as these have a direct effect upon the portal circulation. In conclusion, I would remark that I cannot speak too strongly with regard to the effects of the pitch ointment, for I feel certain that the necessity for operative measures may often be prevented by its timely use, and I would recommend every one to give it a trial where the compound gall ointment is ineffectual.

PRURITUS ANI.

In reply to the query of M. D., in the *British Medical Journal*, the following answers were received:

M. D. Cantab.: 1. Ablution with tepid water to be substituted for the use of paper after defecation; 2. A suppository of a quarter to half a grain of extract of belladonna to be used every night; 3. The bowels to be regulated with a mild laxative, such as the acid tartrate of potash, with confection of senna; 4. A mixture containing small doses of quinine with arsenic two or three times a day.

Mr. W. Frowse has found two remedies of the greatest use in the immediate relief and ultimate cure of this affection of the skin. The glycerinum acidi carbolici (P. B.) should be carefully applied at bedtime every night; and an ointment made of one dram of calomel, half dram of camphor, and six and a half drams of vaseline every morning. Stimulants and tobacco-smoke are contra-indicated.

A Member says the best local application is a mixture of one dram carbolic acid in one or one and a half ounces olive oil, applied with the finger at bedtime, being careful to have the rectum empty, the laden condition of which seems to aggravate the annoyance. In pruritus pudendi, nitrate of silver (five grains to the ounce of distilled water) is a specific, applied with a sponge instead of giving way to rubbing, which only increases the local misery. The lithic-acid diathesis seems to be the cause in both cases, and attention should be directed by alkalies, etc., to correct this.

Mr. P. Miall strongly recommends the glycerine of tannic acid, or the lotion made by precipitating compound tincture of benzoin with its bulk of water. But the best application is strong mercurial ointment applied somewhat sparingly at bedtime. One application is enough for a time at least. In some cases he has found the following answer better: ℞ Unguenti hydrargyri fortioris, ʒ j; chloroform, ʒ j; adipis benzoati, ʒ ij; acidi carbolici, gr. xv. This must be used every night, and causes a burning said to be rather pleasant. Oleate of mercury (twenty per cent.) may be used instead of blue ointment. For constitutional treatment, he advises hot-air baths, mineral acids after meals, abstinence from pastry, sweets, and other unwholesome diet.

Dr. Oliver suggests the following lotion: Scheele's hydrocyanic acid, ♏ xxx; solution of morphia, ʒ j; best birdseye tobacco, ℥ j; water to half a pint. "To be used night and morning, or when necessary."

THE CANADA MEDICAL RECORD,
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EDITOR:
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MONTREAL, JANUARY, 1880.

BOARD OF HEALTH.

At a late meeting of the Medico-Chirurgical Society, a paper was read by Dr. Larocque, medical health officer of Montreal, on the subject of Hygiene and the Board of Health, his purpose being to enlist the interest and support of the profession in carrying out preventative measures against the spread of disease. Being worthy to receive every support in this matter, we trust that his efforts to improve the public health will receive that attention from our authorities which its importance demands.

Having imposed upon himself the onerous task of educating the general public in sanitary matters, it is to be hoped that, as the recompense is inadequate, success may follow his teaching.

Incidentally during the discussion that followed there was pointed out the urgent necessity for the formation of a central Board appointed by Government for the whole Dominion.

It might be supposed that one of the chief aims of legislation, especially in a new country like ours, would be the conservation of the health and preservation of the lives of the people, for the possession of health and increase of inhabitants must be regarded as the equivalent of capital. To the political economist this subject should be of the greatest practical moment, because the presence of preventible diseases inflict incalculable injury upon a community both physical and pecuniary which is a direct loss in a commercial point of view on account of loss of time, expenditure through sickness, and the too often removal of useful lives. Such results must amount to the loss of thousands of dollars annually. As a rule, party politics too often outweigh the good of the country, and therefore the formation of such a Board can only be accomplished by persistent efforts on the part of those who are sufficiently enlightened to see its importance. In the presence of great epidemics, attention is forcibly drawn to the necessity of Government interference, so that means may be taken to arrest the progress of disease throughout a large extent of country, and as soon as this is effected all sanitary measures cease. The necessity of adopting sanitary precautions at all times, even when there is no apparent cause for anxiety, appears to be above the ordinary legislator, and even those they represent are unwilling to sacrifice present interest or convenience for a possible future benefit. An epidemic arrested in its progress by special means obtains for that means deserved credit, but should such means be continually carried out due appreciation of them is not met with, no matter how successful they may be. Because this necessity does not become apparent, and as disease does not run prevalent, the precautions themselves may appear to be unnecessary or excessive.

As an illustration of the ravages inflicted by a preventible disease, take the death rate of Montreal for last November. The report of this month bring before us, sixty deaths, or about one-fourth of the whole were from small-pox. As we have not at hand the average death rate from this disease for the year, a correct estimate of its extent cannot be given, but as the report also states that in the previous November there were 90 deaths from this disease, it may be inferred that the ratio of one-fourth is not exceptional. Indeed it is an incontestable fact that for years our ratio of mortality has been kept exceedingly high by this disease alone, and it has now become so thoroughly endemic that we may expect this rate to continue for some years to come. What an immense loss financially must the community have suffered if the estimated value of each human life is taken as a standard.

If any disease is preventible, surely this is, and it certainly indicates a vast amount of ignorance on the part of our population when one-fourth of the death rate is attributable to this cause solely. In spite of local efforts at

vaccination and re-vaccination it continues unabated, and if it were but for this alone the necessity for Government investigation and interference is urgently required. Every citizen is entitled to protection as regards his liberty and property, so long as he does not infringe upon the rights and privileges of others, and just in the same respect is he entitled to protection in regard to his life and health. Attempts to enforce sanitary measures are usually regarded by the mass as attempts upon their individual liberty, and unfortunately their representatives are in many cases not much better informed. The removal and isolation of all cases of contagious diseases, more especially the one alluded to, would be resisted as an invasion of private rights; the prohibition of trades, such as soap factories, which poison the atmosphere of a neighborhood by their noxious gases, for like reason is not attempted, but the law prohibits the storage of explosive materials in any quantity because there might result destruction of property.

In either case life is endangered, but the sudden loss of life, should an explosion occur, alone seems to be considered. The very subtlety by which lives are lost through disease or poisoned air tends to develop thoughtlessness of the danger because of frequency of such deaths and the intangibility of the cause.

The miner who uses an open lamp in the presence of the fire damp, does so because his very familiarity with the danger breeds indifference, and so the presence of disease may come to be looked upon as a matter of course. Still it must not be forgotten that the presence of such a disease as small-pox causes a far greater mortality than would ever occur from explosions, even if explosive materials were to be allowed to be stored in bulk without restriction. It is well known that during war more deaths take place in an army from disease than from actual fighting, and yet it is the bullet that is feared. Until it is generally recognized that the true principle of liberty consists in protecting the health of the majority as against the individual, and that no man has the right to retain on his premises any source of danger to the lives of those surrounding him, so long will disease continue to be rife.

Had this principle been carried out in Montreal fourteen years ago, what an immense outlay would have been subsequently saved, and a present deserved reproach never thought of, for the total number of cases of small-pox to the present time would have been insignificant alongside of the present record. Our authorities, however, were not alive to the necessity of isolation, and the city now reaps the fruits of their ignorance. Experience does not seem to have improved their intelligence as yet, or else there would not still be reported the fact that clothing is manufactured in homes with cases of small-pox actually in the work rooms, or that so many dwellings have become permanent sources of contagion, so that with each yearly change of family fresh cases are yearly occurring. It is not yet too late to try effective measures, indeed they must be taken if ever we expect to rid ourselves of this loathsome disease. Vaccination fails to reach those who most urgently require it, and so long as a single person remains unprotected, and those who are in constant communication with the disease allowed freely to mingle with the crowd, so long will the enemies of vaccination deride its usefulness.

Our annual death rate under proper sanitary precaution should be as low as 16 per 1000, but so long as the present system of inaction prevails it will remain at the exceedingly high ratio as now quoted compared with other and less favored localities. Local boards of health, while being better than none, should be under the control of a central system.

As generally constituted the members of such boards are appointed, not from any peculiar fitness for the task, but because circumstances have placed them in that position. The consequence is that from want of requisite knowledge each member is apt to form some pet theory of his own as to drainage, ventilation of sewers, causes of disease, and what should be done to prevent sickness. Possibly he thinks that he knows just what remedies are required in certain disorders, and can instruct those who are supposed to have made such matters a study. No account is usually taken of means that may have been found necessary or beneficial elsewhere, but the time is occupied in arguing out fresh schemes, which if tried at all are generally found wanting, thereby creating a doubt as to the possibilities of a board being

of any use whatever. When money is required for the furtherance of sanitation, it is found that such cannot be afforded, that furnished by our heavily taxed citizens having been expended on useless extravagance or the erection and adornment of such idiotic structures as the city hall. The extraordinary arrangement of our sewers in many places, where the larger pipe is above and the smallest at the outlet, as stated by a late writer, does not indicate much intelligence in the engineering department. Thus public funds are wasted or worse, for the very existence of such an arrangement tends to produce typhoid, diphtheria, cholera infantum and such kindred diseases which help to swell up the death rate. If an officer appears to be somewhat over-zealous in the discharge of his duty, he must be investigated and health measures for the time allowed a rest. We are not, however, without hopes that before many years have elapsed the best known measures will as far as practicable be adopted and carried out efficiently, and that then Montreal will occupy the position, as regards sanitation, which is her right from the healthy position she occupies.

The success of recent numbers of Scribner has been so marked, that the edition of the February number has been placed at 125,000. This number will contain the first part of Eugene Schuyler's illustrated life of Peter the Great, which is said to be graphic and interesting to an unusual degree; also Mrs. Burnett's new story, "Louisiana," which will present some strong contrasrs of character; a rollicking paper on Bicycling, entitled, "A Wheel Around the Hub," and other features.

A paper on "The Disadvantage of City Boys," by Rev. Washington Gladden, of Springfield, Mass., is announced for an early number of St. Nicholas. The article is said to be based entirely on personal statistics gathered from a hundred prominent business men concerning their surroundings, habits of life, etc., during boyhood. The statements thus collected will, it is announced, exhibit a remarkable showing of the "Disadvantages of City Boys," and enforce strongly the author's hints toward a successful life. The paper, moreover, is addressed directly to the boys themselves.

REVIEWS.

Messrs. William Wood & Co., of New York, announce the publication of *A Practical Treatise on Nervous Exhaustion (Neurasthenia), its Symptoms, Nature, Sequences and Treatment*. By George M. Beard, A.M., M.D., of New York.

The book is now in press, and will be published in February of the present year. The treatise is one on which Dr. Beard has been specially engaged for a number of years, and it will be devoted mainly to his original observations and researches on this important and growing subject. It is designed to make the work at once condensed and practical, and to adapt it to meet the wants of the practitioner and inquirer in a department of the nervous system that up to the present time has received very little attention from scientific men.

Medical Chemistry, including the Outlines of Organic and Physiological Chemistry. By C. GILBERT WHEELER, Professor of Chemistry in the University of Chicago. William Wood & Co., New York, 1880.

A short time ago we noticed a condensed work by Prof. Wheeler, on organic chemistry, after Riche's *Manuel de Chimie*. The matter contained in that volume has been supplemented by about an equal amount of material treating of the various subjects usually comprised under the head of Animal Chemistry, and published with the above title. To the medical student the latter portion of the book is even more interesting and important than the first issue, because it necessarily assists him in the allied studies of physiology and pathology, while this can only to a much less degree be said of the first section, where only an occasional reference is made to the Materia Medica. The author is undoubtedly correct in making attempts only in the direction of generalization; for not only is it important that the student should have some recent and reliable information upon such subjects as the chemical constitution of the blood in health and disease, the chemistry of abnormal urine, the nature of urinary calculi and deposits, &c.; but the information so imparted should be given in as few words as possible. In this respect, especially, is the work a useful one, and likely to be of great value to students of medical chemistry. Lectures on

chemistry in many of our medical schools too frequently have but a classical or a sentimental value—a fact that has started the questions as to whether they are worth the time and study spent upon them, and whether it would not be advisable to have the whole subject included in the preliminary examination.

Prof. Wheeler's work forms a complete reply to these interrogations, for he plainly shows that a discussion of the numerous applications of chemistry to physiology, Materia Medica, physiology, pathology and hygiene is of the greatest practical importance, and might with profit take the place of the purely ornamental discourses that form the subject matter of most collegiate examinations. We should like to see treated, in a similar way, inorganic chemistry and chemical physics. In the meantime we prophesy a large demand for the Medical Chemistry.

ANNUAL REPORT OF "THE WOMEN'S HOSPITAL" OF MONTREAL.

FOR THE YEAR ENDING 31ST DECEMBER, 1879.

The number of cases receiving attendance in the Hospital is in both I n-door and Out-door departments larger than during any previous year; and, in consequence, the insufficient accommodation—the inconvenience of which was deplored in the Report of the previous year—has this year proved exceedingly trying to those having the management of the Institution; especially has the demand for private wards been in excess of those available for that purpose. These difficulties have rendered it imperative on the part of the Managing Committee to procure a more commodious building for the future; and at present arrangements are all but completed for securing a very suitable place, containing ample room, and furnished with all modern conveniences in regard to heating, water, ventilation, &c.

The Ladies' Committee have contributed considerably to the success of the Hospital during the year, being the mediums frequently through which contributions and donations of useful articles have been received; they have also assisted by personal donations. The wards are visited by them weekly.

The committee acknowledge with sincere thanks the receipts of the annual grant of $500 from the Provincial Government, and the contributions and donations from the friends of the Institution.

In the "*Lying-in Department*" there were

admitted during the year		112
Remaining in Hospital at last report		10
		122
Number confined		109
Remaining in Hospital		13
		122
Religion.	Catholics	62
	Protestants	60
		122
Sex of children.	Male	46
	Female	64
		110
Presentation.	Breach	2
	Foot	2
	Vertex	106
		110
Position.	1st	105
	2nd	4
	3rd	1
		110
Still-born		3
Twins		1
Premature birth		1
Placenta Prævia		1
Forceps used in		13
Mothers died 3	Suicide	1
	Syphilis	1
	Hæmoptisis	1
		3

OUT-DOOR DEPARTMENT.

Number of Consultations		296
Religion.	Catholics	160
	Protestants	136
		296

DISEASES.

Ulcus Os Uteri	34
Chlorosis	11
Leucorrhœa	22
Enceinte	15
Amenorrhœa	18
Prolapsus Uteri	7
Retroflexio "	3
Hyperplasia "	9
Subinvolution Uteri	1
Anteflexio "	4
Endometritis	22
Anæmia	39
Ut. Fibroid	4
Gonorrhœa	8
Stricture Cervix Ut	1
Ovaritis	11
Syphilis	15
Menopause	5
Metritis	1
Menorrhagia	15
Antiversion Ut	2
Hysteria	13

[illegible]

286

[illegible], M.D.,
Secretary.

[illegible] SOCIETY.

[illegible], Dec. 12, 1879.

A regular meeting was held this evening, in the chair.

[illegible] were present: Drs. R. P. Howard, Hy. [illegible], John Reddy, H. L. Reddy, [illegible], Ross, Nelson, Wilkins, Osler, [illegible], F. W. Campbell, Bessey, [illegible], Bell, Major, Blackader, Brodie, Lacoque and Edwards.

Dr. Osler exhibited as pathological specimens: 1st, a case of tuberculo-pneumonic phthisis. The patient, a recently arrived emigrant, had come under Dr. F. W. Campbell's care, and was sent into the General Hospital with pneumonic symptoms, which proved fatal. The post-mortem revealed these facts: the right lung weighs 850 grains, is crepitant throughout, but in posterior part contains much blood and serum, and very little air. In anterior part of upper lobe are three or four groups of small grey nodules, no caseous masses. Left lung weighs 1,500 grains, the organ heavy and in great part airless, being crepitant only at the anterior border of the lobes. On section at the apex is a small cavity surrounded by small grey miliary tubercles in places closely set. In the anterior border and the back part of the lower lobe are many isolated firm caseous masses and scattered groups of small tubercles, some of which have fused together, and are in the process of conversion into caseous areas. The process had depended upon an acute eruption of small tubercles in the lungs. Each grey nodule had excited more or less irritation in the contiguous air vesicles, with proliferation of cells and exudation into them. In this way isolated tubercles fuse together, and groups of hem become agglomerated in the same manner, [illegible] extensive tracts may be involved and [illegible] finally cease.

The second case exhibited was one of cirrhosis of the liver with enlargement.

The third, one of acute colitis.

The 4th, an aneurism of the anterior communicating branch of the circle of Willis. This patient had fallen while in a shop, and died immediately. On examination the anterior communicating artery was found very wide, and projecting from it between the anterior cerebrals was a small aneurismal pouch with a small slit-like opening on its under surface.

Dr. Wilkins then read a paper on "A Case of Spinal Apoplexy." Remarks on this case were made by Drs. Osler, Ross, Henry, Howard and the President. Dr. Reddy moved and Dr. Roddick seconded a vote of thanks to Dr. Wilkins for his paper.

The President brought forward the subject of registration in disease, giving the facts of the manner in which this had been to a certain degree carried out in Ontario through the earnest efforts of Mr. Monk of the Meteorological Department of the civic service, resident in Toronto. After a free discussion, Dr. Ross moved and Dr. Osler seconded the following motion:

That this Society having learned through the President of the scheme already initiated in Toronto for the weekly forwarding of reports of diseases in the practice of each medical man, strongly approves thereof, and all its members are hereby requested to co-operate in extending it to this Society.

The Committee appointed in the matter of a short-hand reporter for the Society reported that the employment of such assistance was precluded on account of the expense. They suggested to the Society the plan of each person taking part in the debate sending to the Secretary within three days of the time of meeting a statement of the part he may have taken in the debate. Discussion on this report was deferred till the next meeting.

The meeting then adjourned.

O. C. EDWARDS, M.D.,
Secretary.

MARRIED,

At St. Celestin, County of Nicolet, on the 7th January, by the Rev. Mr. P. A. Lebrun, Charles Edward D. Comeau, C.M., M.D., to Marie Elmina Henriette Houde, second daughter of Charles E. Houde, Esq., M.P.P. for the County of Nicolet.

THE CANADA MEDICAL RECORD.

VOL. VIII. MONTREAL, FEBRUARY, 1880. No. 5.

CONTENTS.

ORIGINAL COMMUNICATIONS. PAGE

The use of Chloride of Ammonium in Common Goitre, by A. D. Stevens, Dunham, Que., 113 — Case of Extra Uterine Fœtation, by James Kerr, M.D., M.A., Londonderry, Nova Scotia 115

CORRESPONDENCE. 118–119

PROGRESS OF MEDICAL SCIENCE

Mercuric Bichloride in Dysentery and Diarrhœa, 119 — Ichthyosis Hystrix, 121 — Treatment of Tinea-Tonsurans, 125 — Residence abroad in Lung Consolidation, 125 — Duplicating Prescriptions, 126 — Bronchitis and its Treatment, 127 — How to Cure Fits of Sneezing, 130 — How not to Take a Cold, 130 — Antiseptic Treatment of Phthisis, 131 — Mrs. Hippocrates, 131 — Inversion of the Body in Chloroform Asphyxia, 132 — Medical Use of Milk, 132 — Importance of Attention to Slight Perineal Lacerations, 132 — Plans for Reducing Obesity, 133 — Pruritus Ani, 134 — Therapeutics of Acute Rheumatism, 134 — Pleasant remedy for Toothache, 134

EDITORIAL.

Medical Officers in the Canadian Volunteers, 135 — Personal, 136 — Legal Liabilities of Hospitals and of Medical Men, 136 — Hydrate of Chloral, 136 — Lactopeptine, 138 Medico-Chirurgical Society of Montreal 138

Reviews 137, 138

Birth 140

Original Communications.

THE USE OF CHLORIDE OF AMMONIUM IN COMMON GOITRE.

A paper read by A. D. STEVENS, M.D., Dunham, Que., before the District of Bedford Medical Society, January, 1880.

MR. PRESIDENT AND GENTLEMEN,—A few days ago, one of our most active young members gave me a call, and, in the course of our chat, urged me to write something for this meeting of the Association, however short it might be. Having nothing in mind at the time of any possible interest, I declined, but, upon reflection, came to the conclusion that I might say something upon common goitre, or simple hypertrophy of the thyroid gland, that would, at least, serve the purpose of killing time. And here let me observe, that I do not propose to discuss either the pathology, physiology, or etiology of this, or any other of the different diseases that the gland is liable to. I know nothing more of these than is to be found in any modern surgical work. It is simply of the *treatment* of the affection that I desire to speak. It is now some years since I became convinced that the common treatment of ordinary bronchocele was not at all satisfactory. I refer to the use of iodine, iodide of potassium, and tonics internally, and tincture iodine, blisters, ointments of iodine and mercury and the like externally. I was led to this opinion from want of success in several cases, especially those of a couple of girls about eighteen or twenty years of age, who had first discovered the deformity at about the period of puberty, and happened to come under treatment at the same time. The girls were both fairly healthy and of healthy parentage, and stood the treatment patiently and well for two or three months, but with the result of only a trifling diminution, if any, in the size of the enlargement. At the end of this time I thought it best to try some other resolvent, and the one I chose was chloride of ammonium. I cannot now tell you how it came about that I selected it, but I had not given it over a month or six weeks before I noticed a decided impression for the better had been made, and, at the end of three months, had the satisfaction of seeing them both entirely relieved. I have seen one of the girls every few months since, and it has not returned; the other left the place shortly after, and I have never heard from her from that time to this. The dose given was about ten grains, simply dissolved in water, three times a day, with the exception of now and then adding a little "coloring" to the solution, such as the compound tincture of lavender, for the purpose of "inspiring confidence" that it was not always the same medicine they were taking. Nothing else was done or given either internally or externally during the entire term of treatment with the chloride of ammonium, and, I should also add, that these girls were not only relieved of an ugly deformity, but seemed to have grown more robust. Indeed, the constitutional effects seemed

to be more like what I have noticed in giving the syrup of the iodide of iron than any thing else. No directions whatever were given as to drinks, diet, exercise, change of air, or any other hygienic measure. Were these all the cases I have treated with my chloride, you might fancy that the iodine given in the first instance had something to do with the results, but that the previous treatment had nothing to do with it I am fully convinced. Just now I am finishing the cure of two more girls—one about fifteen years of age, and the other thirteen. They have been taking the chloride of ammonium about three months in ten grain doses thrice daily, and, so far as I can judge, there is now no trace of the enlargement left. I have seen them both within a week. Then, there are three more (making seven in all), two occurring in girls under twenty years of age, and one in a married woman aged fully forty and the mother of several children. In the case of the latter, the woman had suffered a good deal from disturbance of respiration and circulation, as it had attained an enormous size. The two latter girls were treated similarly, and with similar terminations (though not at the same time), and require no further remarks from me. But the married woman took the chloride two or three months in the usual dose, with the effect of having the growth reduced in size about one-fourth or one-third, and all the circulatory and respiratory symptoms relieved. At this time I discovered she was pregnant, and discontinued the treatment. Whether or not a longer term of treatment would have been completely satisfactory I cannot say, but, it is perhaps worth while to observe that my work was not as happy as in the cases of the girls. Again, if I had another patient suffering from long standing and excessive hypertrophy of the gland, I should try the medicine in larger doses—say fifteen or twenty grains three times a day, and continue it much longer, unless something occurred to prevent.

You may say, if you like, that my experience is too limited—that a half dozen cases is not sufficient to establish a fact, but, while I know that "two swallows do not make a summer," I might say it has been quite enough to convince me that the medicine has a decided preference for the thyroid gland, and possibly for some others. If you will try it in the first incipient cases that come under your care, I have no doubt you will meet with success quite equal to my own. We are all practising under the same conditions as to climate, soil, water, &c. Bear it in mind, please, and, if convenient, report your results at some future meeting of this Association. The trial will, I promise you, have at least one merit, that of being not a very costly experiment. That I have not been able to show a longer list of cures is because I have not had the opportunity, I firmly believe. The affection is not so very common in this neighborhood, as you all know.

So far as I am concerned I do not feel like claiming an extraordinary amount of originality, but it is perhaps only fair to say that I have examined, or caused to be examined, six different modern works upon general surgery, and do not find the chloride of ammonium in any of them mentioned or recommended in the treatment of goitre. I should likewise say that I have not read of its being used in this difficulty in any medical journal or dispensatory, or, in fact, elsewhere. As I intimated before, I believed it possessed a certain but limited power in producing absorption, but had never prescribed it for any purpose whatever, until I gave it in the cases before alluded to. Again, some of you may think that my details are not as extensive as they ought to be, that the cases would have been more satisfactorily reported if I had taken and given notes, but I do not conceive that it would have thrown much more light upon the subject if I had done so. There is just one thing more that I would like to refer to, and it is this: It is thought by some of our writers, I infer, that the commencement of these tumors or growths is in some way connected with uterine derangement, probably from the fact that many of them make their appearance at or about the time of puberty, but in my cases there was no evidence of any treatment being specially required either for correcting disordered menstruation or uterine disease, or, in fact, any other derangement that I should have been liable to be consulted for. I shall be exceedingly glad to hear any remarks any of you may have to make, or answer any questions bearing upon the subject, keeping in mind always that whatever virtues the medicine possesses, so far as my experience goes, they are most discernible in incipient cases.

A CASE OF EXTRA UTERINE FŒTATION.

By JAMES KERR, M.D., M.A.,
LONDONDERRY, NOVA SCOTIA.

Presented to the Canada Medical Association at London, Ont., Sept. 1879.

On June 26th, 1877, I was consulted, by Mrs. W., for an attack of severe abdominal pain, coming on suddenly, of a colicky character, and referred to the hypogastrium and left iliac regions. The pain was very acute, and only relieved by repeated large doses of opium; but it returned on the 30th with less severity, while it was more decidedly referred to the left ilium, extending through the region of the left hip and down the thigh. At this time, the attack was accompanied by vomiting.

Examined externally, and per vaginum; there was nothing discovered to explain these symptoms.

On inquiring into her history, I found that she had always been healthy, was forty-one years of age, married; had had four children —the youngest, if alive, would have reached its eighth year. Labors had all been difficult, and required instrumental assistance; had miscarried about a year before the present attack, but, since, had menstruated regularly up to June 1st, when she "took cold," as she said, and attributed her present illness to that cause: had always leucorrhœa since her first confinement. She was a small, bright-looking woman, now rather pale and exhausted from these repeated attacks, but looking otherwise healthy. There was no tenderness anywhere over the abdomen, and no discharge except the leucorrhœa from vagina; bowels habitually constipated, tongue clean and pulse quickened. During following month she had several similar attacks of this colicky pain, but less severe; and, during this month (July), she told me that her menses had returned, and were more copious than usual; the vomiting continuing as before.

It was in the early part of August that the patient suggested the fact that she was pregnant; and, on again examining her, I confirmed that opinion. I found the abdomen somewhat enlarged, the os soft and puffy, and the uterus itself considerably increased in volume. Her health became now much improved; she had no recurrence of the colicky or cramping pains, and her condition did not differ from that of ordinary pregnancy at this stage; we agreeing that she was now about three months gone. Nothing unusual occurred during the three following months.

In December, a return of the pain brought her again under my observation. This pain I decided was caused by an attack of sub-acute peritonitis. The abdominal tumor had much increased; and I remarked, at this time, that it was more prominent than usual in pregnancy, and somewhat of an irregular outline; an enlargement on its surface being apparent towards its upper, and another towards its lower, extremity.

The upper enlargement felt hard, bony and very superficial, the lower soft and very tender on pressure; pressure here causing pain through the region of the hip and down the thigh, somewhat resembling the pains she first complained of; the body of the tumor gave distinct fluctuation. Fœtal movements were very distinct, and appeared unusually strong, but I failed to hear the sounds of the fœtal heart.

Examined per vaginum; I was surprised to find the os now small, hard, and out of character with this period of gestation. The tumor felt firm, and immovably fixed in the pelvis, and a round firm prominence was felt filling up the recto-vaginal space. After repeated and careful examinations, which were conducted with some difficulty owing to the tenderness of the parts, I came to the conclusion that this growth was independent of the uterus, and that the body which was felt against the rectum was that organ retroflexed.

I had a consultation with Dr. Page, of Truro, who saw her twice with me about this time, and to whom I expressed my conviction that we had to deal with a case of erratic gestation. Our efforts to pass the sound were unavailing, and we were equally unsuccessful with a probe. She was also seen by two other medical men, whose diagnosis I may say did not agree with mine.

I now kept her under continual observation. Her condition remained much the same, except increased tenderness up to the second week in February last, when, after an unusually violent series of fœtal movements, they suddenly ceased. This was about two weeks from her term. About term, she was seized with all the symptoms of labor, accompanied by a free discharge of blood and of clots from vagina; these symp-

toms continuing eight hours, and gradually passing off. During the following week, she was again subjected to a very careful examination; this time, the uterine probe passed an inch and a half through the os, but only after being bent sharply back towards the rectum and right side. While conducting this examination, a very free discharge of pus flowed away from the uterus; and at this time we noticed that the tumor had shrunk in size.

About this date, being in correspondence with Dr. T. Gaillard Thomas, I requested his advice, laying the case before him. He was of opinion that operative interference then was not indicated, but he advised that we should wait for further development.

On March 19th, she was seized with symptoms of peritonitis, followed by increased distension. The vomiting returned, and she complained of continual pain, described as of a "bursting" character. These symptoms continuing, and sedative remedies being ill borne and failing to give relief, I introduced into the abdomen a trocar, and drew off fourteen ounces of a brownish, thick fluid; this was followed by almost instantaneous relief, and her improvement was very marked for some time. The feeling of distension occurring again, I again drew off ten ounces of the same fluid—this time using the aspirator. From this time to the end of May, matters assumed a new unfavorable aspect. She had several attacks of sub-acute inflammation in the sac, and hectic symptoms gradually coming on, with inability to take food from the vomiting and distress which it occasioned, and the constipation, which had always been a troublesome complication, now almost amounting to obstruction; it was only by using a long rectal tube, and a very stimulating enemata, that we were able at all to obtain any alvine action.

On June 8th, there occurred, during an unusually violent effort at defœcation, a sudden discharge of pus, blood, and shreds of apparently decomposed membrane from the rectum, which I took to be the result of a communication established between the sac and the bowel. This gave temporary relief for a few days, but the diminution in size that had resulted from this discharge became again augmented by an inflation of the tumor with gas, its whole surface becoming tympanitic.

This discharge continued freely for more than a week.

I next observed at this time about 1½ in. above the umbilicus a circular elevation on the surface of the tumor, about the size of a 50c. piece, which, at the end of week from the time I first observed it, resulted in an opening communicating with sac, and discharging pus and very fœtid gas.

This second opening, by allowing the gas to escape, was followed by a diminution in the tumor, and its irregular outline could be still more distinctly noticed. The body of the tumor got hard and firm, and the bony prominence before observed at its upper extremity I now thought I could define as the fœtal head. The temporary amelioration of her suffering that had occurred after the communication between the sac and rectum had been established was soon replaced by symptoms of septicæmia, the patient becoming drowsy and occasionally delirious, unable to take food, and the bowels finally ceasing to act altogether, death closing the sad scene June 23rd, nearly a year from her first attack of pain.

Post-mortem ten hours after death:—

Opened cavity of abdomen by an incision commencing at the fistulous opening and carried down to the pubes.

Lying immediately underneath the skin apparently was found a large fully developed male child which easily turned out. The breach occupying the epigastrium and the head filling up the brim of the pelvis; following the cord from the umbillicus I found a mass of putrid and decomposed material attached to its outer end, which no doubt was the placenta, and which seemed attached to the iliac fossa and to the wall of the abdomen along the iliac cast. The abdominal wall was much attenuated, the muscles greatly shrunk, and nothing that could be defined as peritoneum could be seen on the under surface.

After the child was removed, a large apparently empty space, extending from beneath the ribs to the pelvic brim, was exposed. The brim of the pelvis seemed covered over with layers of decomposed lymph.

The organs were everywhere covered with masses of this decomposed and putrid lymph.

Intestines were not readily recognized until

the abdomen was cleansed from these decomposed shreds.

The uterus and appendages I found it impossible to demonstrate at all satisfactorily, but with one finger in the vagina and a hand in the pelvis I felt the uterus still in the recto-vaginal space, and the bladder occupying its usual position.

The opening into the rectum I did not succeed in finding, and, owing to the advanced state of putrescence in which the organs were, I had to abandon any further efforts to obtain a better demonstration. I have thought it thus desirable to go into detail in giving the symptoms of the above case.

I hope I have now placed before you the leading facts of this case, and those which may best assist us to deduce from it some practical conclusions.

We will find that this case illustrates many of the typical features of this accident. First, it has been frequently stated that, where impregnation occurs outside the uterus, a previous inaptitude for conception has been manifested; this has been remarked by Shroedder and prominently noticed by Parry, who has made the most valuable contribution to the literature of that subject that has been yet written.

Our patient had remained barren eight years succeeding a period of active generation. 2nd. Impregnation attended with attacks of violent cramping pain recurring at intervals, and lasting with less severity to the end of 2nd month.

4th. I found the uterus enlarged, and the os having the characters of pregnancy, although I never observed anything like the expulsion of a decidua, which we know is always formed in the uterus, whatever may be the location of the ovum.

One other symptom, which also is almost an invariable accompaniment of this accident was also absent, the discharge of blood from the vagina. A very free discharge did occur, but it was during the second into the third months.

There was nothing differing from ordinary pregnancy during the three following months, up to the 7th, when, after repeated examinations conducted by myself and with other medical assistance, I came to determine the real state of affairs.

I have also to record the fact, which is somewhat remarkable in this case, although the same thing has been observed by Keller, that we failed to hear the fœtal sounds.

Failing to pass the sound I think was due to the very sharp angle at which the uterus was retroflexed, and its deviation to the right side, and the hesitation that I felt in persevering with that instrument with as yet some doubts as to the correctness of my diagnosis.

An operation was considered by me justifiable, but at the time, one month after term, an attack of inflammation in the sac occurred, and from that time the condition of my patient became so decidedly unfavorable, and the presence up to her death of symptoms of subacute inflammatory action with hectic and profound exhaustion that, in the face of all the difficulties and dangers that presented themselves in contemplating the operation, I decided to give up hope of trying to relieve her of her fœtal burden.

The time when, to my mind, the best chances offered for a successful operation was in the 7th month, when as yet no active inflammatory attack had contracted adhesions between the sac and wall of the surrounding viscera. When the presence of the liquid amnii left the fœtal body free in the sac, and before the health of the patient had suffered by the exhaustive effects of repeated attacks of peritonitis and hectic,—then I believe had an operation been attempted it would have been with a reasonable hope of success, but at no subsequent time, except immediately after term, or from the 7th month up to term. Now the greatest authorities on this subject condemn operating until suppuration has occurred in the sac, but with this opinion I cannot agree.

The effort at delivery which nature apparently makes at the 9th month seems to increase enormously the mortality at that time. According to Parry one of every four women only lives whose pregnancy terminates at that time.

This operation to be undertaken with the object of adding the chance of saving the child to the equal chance of also saving the mother.

The increased mortality that occurs at the 9th month would thus be avoided, the dangers of adhesions to the viscera would be lessened and the health of the patient be in the best possible condition. I am fully aware that the operation as hitherto performed before term was not such as to offer much encouragement but, for my part, I cannot see why it should be so; and with the conditions just indicated, and the

improvements which have recently been made in the department of abdominal surgery, I think that we are justified, if operative interference is contemplated at all, to perform it then.

The mortality of all cases of extra-uterine pregnancy arriving at and going beyond term, which, for all practical purposes we may conclude are abdominal, as we have only one case of Tubal that has been recorded as reaching the end of gestation, thus includes those operated on amounts to 50 p.c.

Of those operated on the mortality is 43 p.c., and the morality of those left to nature 52 p.c.

Of those cases hitherto operated before term we find that the mortality was largely due to efforts to extract placenta, causing in most cases fatal hœmorrhage at the time or subsequent exhaustion; but now that we recognize the rule as established by the eminent authority in this operation to leave the placenta, I think we can with confidence anticipate better results than heretofore and avoid septicæmia by the use of disinfecting injections into the sac and other means as used by operators in the abdomen in other cases.

Correspondence.

To the Editor of the CANADA MEDICAL RECORD.

SIR,—Montreal is now in a position to afford considerable satisfaction to those who take no interest in, or cry down sanitary matters, as it has been and is now well blessed with epidemics. In the autumn we had typhoid fever of a very severe form, and now measles is enjoying an unlimited sway in all parts of the city. It is not confined to any one locality, but the disease has even extended to outside municipalities.

In addition to this, small-pox persistently defies the spasmodic efforts of our health office. If some of our city fathers would be as eager to investigate the different causes of the city's unhealthiness as they are the conduct of officials who attempt to perform their duties as well as they can, the citizens might then expect some good results from the health office. As it is now, it is an office of confusion with few servants and many masters. The citizens, themselves, are not free from blame. They are too indifferent, and, notwithstanding all the efforts of the city press and the medical periodicals, this indifference amounts to total neglect of all health matters; in fact, a certain portion wilfully help to carry the contagion of disease from one place to another. Recent events that have come to our knowledge force us to make this last assertion. Fancy a nurse or visitor coming out of a house where is small-pox and getting into a street car right at the front door; and yet this was done. Another instance, a young lady comes to a house in this city, on a visit for a few days, from a neighbouring convent. Some of the members of the house are ill with measles, still this young lady was not told to remain away. She remains for a few days and returns to her studies at the convent. There she falls ill with measles, and the result is an outbreak of the disease in a large educational establishment. Of course in this instance, it is not the fault of the authorities of the convent, but here we have an example of the most utter ignorance on the part of a highly respectable family, who make no effort to keep themselves isolated from friends. When we see the same among the educated, how can we blame the poor laborer who has no opportunities of knowing better.

The public have yet a great deal to learn, and it is disheartening to the profession to see its teaching bringing no result. Proprietors of houses are still satisfied with cheap plumbing, as they know full well the difference between good and bad plumbing can only be detected by the trained expert. Frequently this difference is only slight in appearance, but commonly great enough to bring death into a household. Jas. C. Bayles, in his work on "House Drainage," says truly, when he states, "as the plumbing work of our houses is commonly done, it would be better for most of us if we had to bring our water in buckets from a public hydrant, and carry our waste to the culvert at the nearest street corner."

The fault of this is, in a great many instances, with the proprietor, who is not willing to pay the price of good work. In nearly every instance where we found it necessary to have a house inspected, the fault was discovered to be defective work done by ignorant workmen, or on account of the low price.

The public must still have the lecture repeated over and over again, until they understand the plain incontestible fact, that good

work well performed in the building of a house is always cheap, and that money expended in taking measures to prevent disease is well invested, and that a double return comes from it, in the preservation of valuable lives. They must remember that a "fever nest" of any kind in any hidden corner of the city may dispatch invisible messengers of death to the aristocratic and most cleanly kept districts.

PERIGRINE.

Montreal, 18th February, 1880.

MONTREAL, January 24th, 1880.

Editor CANADA MEDICAL RECORD.

In continuance of my former correspondence, which gave my first case which referred to inspection of a country residence, I will now give a few cases from many in the city without comment, leaving your readers to form their own opinions. Visited lower tenement in yard of A. M., had 3 cases of diphtheria; 2 fatal, one convalescent at time of visit. Smell in house very bad; found sink pipes untrapped, wooden drain under floor, loose cover, soil swampy, house built on soil, filled tile drain, trapped sink wastes. Used disinfectants, but smell still continued, but in a less degree. On examining surroundings, found privy vault in yard full, and in close proximity to house; nature of soil allowed contents of vault to soak into ground under house. Reported facts to health department, who were powerless (as privy was without the distance from the house prescribed by law) except as to cleaning out of vault, which was done. What was left of the family moved away, leaving premises to be re-occupied by some one ignorant of the record of health against the same. House in B street, 3 cases typhoid, one fatal. Found drains open at joints, tiles broken, soil pipes leaky, no ventilation, no concrete under floors or other protection from damp; locality and surrounding dwellings healthy. House in C street, 2 cases typhoid. Complaint of smell, difficult to find cause; drainage and plumbing good, but no ventilation; found small cracks in soil and waste pipes. House in D street, 3 cases typhoid, 2 fatal. Plumbing old but of a good class, but no ventilation; found cracks in soil and waste pipes; drains defective and joints open; complaint of smell, which ceased on repairs being made, and ventilation provided for; family been healthy since. E street, 2 lower tenements drained with same drain, drain filled with a trap. Complaint of one tenant of smell, other tenant no complaint of smell, and reported general health of family good, after a residence of four years, but complained that water appeared on floor during heavy rains. Found trap choked, drain evidently been inoperative for a long time, and the waste from four closets, four baths and four sinks had been making its way out of open joints of drain and broken pipes under floors where filth was a foot deep; removed forty-six barrels of filth. Although occupants of one of these tenements had been living over what was in every respect a privy, and that for a long time, yet they reported no cases of illness, but at time of visit a child was ill, reported to be suffering from cold. Appearance of inmates of this tenement was anything but healthy, other tenement had been only recently occupied.

Yours, &c.,

J. W. HUGHES,

Practical Sanitarian.

Progress of Medical Science.

MERCURIC BICHLORIDE IN DYSENTERY AND DIARRHŒA.

By BOARDMAN REED, M.D., Atlantic City, N. J.

During the last two years I have been testing the treatment of dysentery and dysenteric diarrhœa by the bichloride of mercury in somewhat minute doses, as recommended by Dr. Sydney Ringer. My experience with this treatment covers a large number of cases, including most of the varieties of intestinal flux ordinarily seen in this latitude. It has been found particularly valuable in those forms of chronic diarrhœa characterized by dysenteric symptoms, such as the presence of mucus or blood in the stools, with or without tenesmus.

In acute cases this remedy is slow in acting, and in my hands has proved much less successful,—at least until after a purge of castor oil and laudanum has removed the offending cause.

The following transcript from my case-book well illustrates the power of the bichloride in obstinate chronic dysentery:

Case I.—July 4, 1878. Consulted by J. J., aged 45: occupation, formerly a sailor; has lately done odd jobs when able to get about. Weight now about one hundred and twenty-four pounds; looks, thin, sallow, feeble, and

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MONTREAL, JANUARY, 1880.

BOARD OF HEALTH.

At a late meeting of the Medico-Chirurgical Society, a paper was read by Dr. Larocque, medical health officer of Montreal, on the subject of Hygiene and the Board of Health, his purpose being to enlist the interest and support of the profession in carrying out preventative measures against the spread of disease. Being worthy to receive every support in this matter, we trust that his efforts to improve the public health will receive that attention from our authorities which its importance demands.

Having imposed upon himself the onerous task of educating the general public in sanitary matters, it is to be hoped that, as the recompense is inadequate, success may follow his teaching.

Incidentally during the discussion that followed there was pointed out the urgent necessity for the formation of a central Board appointed by Government for the whole Dominion.

It might be supposed that one of the chief aims of legislation, especially in a new country like ours, would be the conservation of the health and preservation of the lives of the people, for the possession of health and increase of inhabitants must be regarded as the equivalent of capital. To the political economist this subject should be of the greatest practical moment, because the presence of preventible diseases inflict incalculable injury upon a community both physical and pecuniary which is a direct loss in a commercial point of view on account of loss of time, expenditure through sickness, and the too often removal of useful lives. Such results must amount to the loss of thousands of dollars annually. As a rule, party politics too often outweigh the good of the country, and therefore the formation of such a Board can only be accomplished by persistent efforts on the part of those who are sufficiently enlightened to see its importance. In the presence of great epidemics, attention is forcibly drawn to the necessity of Government interference, so that means may be taken to arrest the progress of disease throughout a large extent of country, and as soon as this is effected all sanitary measures cease. The necessity of adopting sanitary precautions at all times, even when there is no apparent cause for anxiety, appears to be above the ordinary legislator, and even those they represent are unwilling to sacrifice present interest or convenience for a possible future benefit. An epidemic arrested in its progress by special means obtains for that means deserved credit, but should such means be continually carried out due appreciation of them is not met with, no matter how successful they may be. Because this necessity does not become apparent, and as disease does not run prevalent, the precautions themselves may appear to be unnecessary or excessive.

As an illustration of the ravages inflicted by a preventible disease, take the death rate of Montreal for last November. The report of this month bring before us, sixty deaths, or about one-fourth of the whole were from small-pox. As we have not at hand the average death rate from this disease for the year, a correct estimate of its extent cannot be given, but as the report also states that in the previous November there were 90 deaths from this disease, it may be inferred that the ratio of one-fourth is not exceptional. Indeed it is an incontestable fact that for years our ratio of mortality has been kept exceedingly high by this disease alone, and it has now become so thoroughly endemic that we may expect this rate to continue for some years to come. What an immense loss financially must the community have suffered if the estimated value of each human life is taken as a standard.

If any disease is preventible, surely this is, and it certainly indicates a vast amount of ignorance on the part of our population when one-fourth of the death rate is attributable to this cause solely. In spite of local efforts at

vaccination and re-vaccination it continues unabated, and if it were but for this alone the necessity for Government investigation and interference is urgently required. Every citizen is entitled to protection as regards his liberty and property, so long as he does not infringe upon the rights and privileges of others, and just in the same respect is he entitled to protection in regard to his life and health. Attempts to enforce sanitary measures are usually regarded by the mass as attempts upon their individual liberty, and unfortunately their representatives are in many cases not much better informed. The removal and isolation of all cases of contagious diseases, more especially the one alluded to, would be resisted as an invasion of private rights; the prohibition of trades, such as soap factories, which poison the atmosphere of a neighborhood by their noxious gases, for like reason is not attempted, but the law prohibits the storage of explosive materials in any quantity because there might result destruction of property.

In either case life is endangered, but the sudden loss of life, should an explosion occur, alone seems to be considered. The very subtlety by which lives are lost through disease or poisoned air tends to develop thoughtlessness of the danger because of frequency of such deaths and the intangibility of the cause.

The miner who uses an open lamp in the presence of the fire damp, does so because his very familiarity with the danger breeds indifference, and so the presence of disease may come to be looked upon as a matter of course. Still it must not be forgotten that the presence of such a disease as small-pox causes a far greater mortality than would ever occur from explosions, even if explosive materials were to be allowed to be stored in bulk without restriction. It is well known that during war more deaths take place in an army from disease than from actual fighting, and yet it is the bullet that is feared. Until it is generally recognized that the true principle of liberty consists in protecting the health of the majority as against the individual, and that no man has the right to retain on his premises any source of danger to the lives of those surrounding him, so long will disease continue to be rife.

Had this principle been carried out in Montreal fourteen years ago, what an immense outlay would have been subsequently saved, and a present deserved reproach never thought of, for the total number of cases of small-pox to the present time would have been insignificant alongside of the present record. Our authorities, however, were not alive to the necessity of isolation, and the city now reaps the fruits of their ignorance. Experience does not seem to have improved their intelligence as yet, or else there would not still be reported the fact that clothing is manufactured in homes with cases of small-pox actually in the work rooms, or that so many dwellings have become permanent sources of contagion, so that with each yearly change of family fresh cases are yearly occurring. It is not yet too late to try effective measures, indeed they must be taken if ever we expect to rid ourselves of this loathsome disease. Vaccination fails to reach those who most urgently require it, and so long as a single person remains unprotected, and those who are in constant communication with the disease allowed freely to mingle with the crowd, so long will the enemies of vaccination deride its usefulness.

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It might be supposed that one of the chief aims of legislation, especially in a new country like ours, would be the conservation of the health and preservation of the lives of the people, for the possession of health and increase of inhabitants must be regarded as the equivalent of capital. To the political economist this subject should be of the greatest practical moment, because the presence of preventible diseases inflict incalculable injury upon a community both physical and pecuniary which is a direct loss in a commercial point of view on account of loss of time, expenditure through sickness, and the too often removal of useful lives. Such results must amount to the loss of thousands of dollars annually. As a rule, party politics too often outweigh the good of the country, and therefore the formation of such a Board can only be accomplished by persistent efforts on the part of those who are sufficiently enlightened to see its importance. In the presence of great epidemics, attention is forcibly drawn to the necessity of Government interference, so that means may be taken to arrest the progress of disease throughout a large extent of country, and as soon as this is effected all sanitary measures cease. The necessity of adopting sanitary precautions at all times, even when there is no apparent cause for anxiety, appears to be above the ordinary legislator, and even those they represent are unwilling to sacrifice present interest or convenience for a possible future benefit. An epidemic arrested in its progress by special means obtains for that means deserved credit, but should such means be continually carried out due appreciation of them is not met with, no matter how successful they may be. Because this necessity does not become apparent, and as disease does not run prevalent, the precautions themselves may appear to be unnecessary or excessive.

As an illustration of the ravages inflicted by a preventible disease, take the death rate of Montreal for last November. The report of this month bring before us, sixty deaths, or about one-fourth of the whole were from small-pox. As we have not at hand the average death rate from this disease for the year, a correct estimate of its extent cannot be given, but as the report also states that in the previous November there were 90 deaths from this disease, it may be inferred that the ratio of one-fourth is not exceptional. Indeed it is an incontestable fact that for years our ratio of mortality has been kept exceedingly high by this disease alone, and it has now become so thoroughly endemic that we may expect this rate to continue for some years to come. What an immense loss financially must the community have suffered if the estimated value of each human life is taken as a standard.

If any disease is preventible, surely this is, and it certainly indicates a vast amount of ignorance on the part of our population when one-fourth of the death rate is attributable to this cause solely. In spite of local efforts at

vaccination and re-vaccination it continues unabated, and if it were but for this alone the necessity for Government investigation and interference is urgently required. Every citizen is entitled to protection as regards his liberty and property, so long as he does not infringe upon the rights and privileges of others, and just in the same respect is he entitled to protection in regard to his life and health. Attempts to enforce sanitary measures are usually regarded by the mass as attempts upon their individual liberty, and unfortunately their representatives are in many cases not much better informed. The removal and isolation of all cases of contagious diseases, more especially the one alluded to, would be resisted as an invasion of private rights; the prohibition of trades, such as soap factories, which poison the atmosphere of a neighborhood by their noxious gases, for like reason is not attempted, but the law prohibits the storage of explosive materials in any quantity because there might result destruction of property.

In either case life is endangered, but the sudden loss of life, should an explosion occur, alone seems to be considered. The very subtlety by which lives are lost through disease or poisoned air tends to develop thoughtlessness of the danger because of frequency of such deaths and the intangibility of the cause.

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the friends alike lose their heads; the occupation must be abandoned; the prospects in life, may be after years of persistent toil, must be foregone; everything must be sacrificed; and the most acute mental misery occasioned, as well as monetary loss. For why? Because we are only slowly emancipating ourselves from the thraldom of Lænnec's views on tubercle. The dark shadow of his teaching overhangs the professional mind to a great extent, and the lay mind completely.

Once tubercle is established, and the patient is as certainly doomed as was Jephthah's daughter. That was the belief of the past. But what is tubercle? We have heard a physician say he would rather serve on the treadmill than be compelled to write an exhaustive treatise on the subject at the present time. When consolidation is established, it may last for years, without undergoing any active stage of change; and the only discomfort the patient experiences is from a want of breath on exertion, *i.e.*, so much lung is rendered functionally useless, and the only danger, often a remote one, is the risk of the part breaking down. There is no evidence of such a change setting in until moist râles are heard, and the temperature rises. The physician then having detected the consolidation—a very easy matter—has next to face a subject of infinite difficulty, viz., the aspect of the case.

It is not sufficient to jump to the conclusion that the condition is a recent one, imperatively demanding the complete overturning of the patient's existence. Such tumultuous action is neither creditable to our knowledge nor advantageous to the patient. An exact calculation should be made as to the condition of the lung, the general state of the patient, and the family history; and this should precede the decision. The lung trouble may not dominate the whole subject so tyrannously as partial knowledge may suppose. Certainly a consolidated apex lowers the value of the life from an insurance point of view; but, if the researches of pathologists are to be credited, evidences of by past apicial mischief are commonly found in persons who have long survived any symptoms of lung-trouble; some of whom have reached a fair length of days without being conscious that there ever was anything abnormal in their chest. When a person with a consolidated apex begins to emaciate, either from night sweats, or diarrhœa, or indigestion, and, if a woman, leucorrhœa, then this weak spot becomes a cause of anxiety. Just as in a regiment, when sent on a campaign, it is the weakest, the men who are diseased which break down first; so in the body when the organism is running down, then the injured structure is most likely to break down first. Defective nutrition, with the loss of blood-salts, is felt in the lowered tissue more than elsewhere; degeneration of the altered lung follows, and caseation reduces portions to a pulp; ulceration opens an air-tube; and the softened *débris* is expectorated, leaving a cavity. In the meantime the patient's life has been in most imminent danger. If the ulceration opens one of the pulmonary blood-vessels, probably the patient dies suddenly of hæmoptysis. At other times the patient dies of exhaustion; the result partly of a persisting high temperature, partly of the loss of blood-salts in the profuse night sweats.

Now let us seriously ask, are we still in such outer darkness that we can only influence the lung condition and avert danger by sending the patient away from home and from England? Are the advantages to be derived therefrom sufficient to outweigh all other considerations? Does the discovery of a consolidated apex authorise exile, family sacrifices, often comparatively ruinous, and an upheaval of the patient's whole existence? Is it not possible that the cases which improve very markedly at Davos are just the cases which would have improved at home in a suitable locality and under judicious medical and hygienic treatment. Is there not a tendency towards regarding these health resorts as possessing powers so peculiar as to approach the miraculous? Consequently, a strong probability that cases which, nothing short of a miracle could cure, will be sent there—or order themselves there—to die in the delusive search after cure.

It is high time that a protest be made against the prevailing habit of ordering opulent patients away to foreign lands; if it were only on behalf of those unfortunate persons who, with lung disease, cannot afford to go abroad, and who are unnecessarily depressed thereby; who lose hope accordingly; and whose peace of mind is destroyed, and their prospects of life diminished, because they cannot reach those lands where they believe they could live and recover; but must stay home and perish. Do those fashionable physicians who lightly order their wealthy patients abroad—in many cases because they wish a change, rather than any actual need—do they, in doing this, ever reflect on the poor consumptive lady's maid pining in a cheap lodging, whose remainder of life is embittered because she has not the means to reach those lands of which she has heard, or over-heard, so much, where phthisis cannot exist. Is it humane to extol so highly these far-away places? and, in doing so, to add to the sum total of human wretchedness in those who cannot reach them?

This is an aspect of the subject which we present to these physicians for their consideration.—*Dublin Medical Press.*

DUPLICATING PRESCRIPTIONS.

A recent medical act in Wisconsin reads as follows: "If any physician practising medi-

cine in this State shall write or cause to be printed on any prescription the words 'No duplicate,' any vender of medicines who shall duplicate such prescription without the physician's consent shall be subject to a fine of ten dollars for each offence."

ON BRONCHITIS.

By G. Harrison Younge, L.R.C.S.I., L.K.Q.C.P.I.,&c.

Bronchitis is a disease than which there is none more frequent or more important. Its importance depends as well on its frequency as on the serious morbid changes which may remain behind, and on the number of deaths which it causes, especially in young children and old persons. It is therefore essential that we should be acquainted with the disease in its every detail, and be prepared to treat it in all its varieties.

Bronchitis usually results from exposure to cold, but it may arise from other causes. Thus we have mechanical bronchitis, resulting from the irritation of the mucous membrane, due to the constant inhalation of air rendered impure by the presence of particles of dust, iron, &c. Again, we have secondary bronchitis, occurring in fevers, gout, and Bright's disease, and depending on the vitiated state of the blood. Another important cause of bronchitis and one which should always be borne in mind, is mitral regurgitation; in this case it is due to the constant state of congestion of the lungs. There are numerous classifications of bronchitis, but the most practical is into Acute and Chronic. Another important division is that based on the part of the bronchial mucous membrane affected, viz., ordinary bronchitis, where the mucous membrane of the large bronchial tubes is implicated; and capillary, where the disease is confined to that of the small tubes. Of course both of these forms frequently co-exist.

The symptoms of bronchitis are chilliness and coryza, followed by pyrexia. The temperature rises to 101° or 102°; the skin becomes hot and dry, the pulse rapid and full, the tongue is furred, there is thirst and loss of appetite, the urine becomes diminished in quantity, high in colour, and deposits lithates; the bowels are constipated; there is cough, at first frequent, preceded by an unpleasant sense of tickling in the throat; it sometimes comes on in paroxysms, and is especially troublesome at night. There is a feeling of post-sternal oppression, and of soreness and tenderness at the lower part of the sternum, caused by constant coughing. At the commencement of the attack the secretion of the mucous membrane is diminished; soon a clear, viscid, frothy mucus is expectorated; after some days the expectoration becomes thick, muco-purulent, and only partially aerated The physical signs are quite distinctive in uncomplicated cases. Bronchitis is bilateral; percussion is normal. At the commencement of the attack sonorous bronchi are heard on auscultation over the larger tubes, while over the borders and apices of the lungs vesicular breathing is heard as usual. These morbid sounds are caused by the air entering tubes whose calibre is lessened by the swollen and dry state of the mucous membrane. When the bronchial secretion becomes profuse, large bubbling râles take the place of the dry sounds.

Capillary bronchitis, or suffocative catarrh, is a highly dangerous affection. It is much more fatal when it attacks, as it usually does, young children, or persons who are past middle age. The attack may be primary, or it may supervene on an ordinary case of bronchitis. The symptoms are very severe, and are generally quite characteristic. The attack is ushered in with the usual febrile symptoms; soon, however, urgent dyspnœa, with occasional paroxysms of orthopnœa, sets in; cough becomes violent and paroxysmal, expectoration is very difficult, owing to the very viscid nature of the sputa, the circulation through the lungs becomes greatly embarrassed, the right side of the heart is engorged, the jugular veins are distended, the face assumes a dusky hue, and the lips are livid. If the case proceeds to a fatal termination the face becomes covered with cold sweat, the surface begins to cool, the pulse becomes weak and irregular, the expired air is cold. The patient becomes comatose, and in some cases dies convulsed from the action of carbonic acid on the brain. The physical signs are the same as in the former variety, except that in this case fine bubbling râles are heard instead of the large ones.

Chronic bronchitis usually follows the acute. In old persons, however, it comes on every winter,when it is known by the name of winter cough. It is this winter cough which is the great cause of emphysema; it should, therefore, be looked upon as a most serious affection and should receive prompt and careful treatment. The symptoms and physical signs of chronic bronchitis are the same as in the acute. The diagnosis of uncomplicated bronchitis presents no difficulty. In some cases, however, where complications occur, it may not be easy to determine the exact nature of the disease. Thus, there may be dulness on percussion; this is due to the mucous membrane having lost its usual sensibility. The patient is, therefore, not aware of the necessity for coughing. The accumulated secretions gradually gravitate to the base of lungs and produce the dulness. This dulness has not infrequently been mistaken for pneumonia. It may, however, be readily recognised by the absence of the characteristic symptoms of pneumonia, such as the prolonged rigor, the rapid rise of temperature, the pungent burning skin, the great disturbance of

pulse-respiration ratio, &c. On physical examination the dulness in bronchitis will be found to occupy the most dependent part of the lung, not, as in pneumonia, mapping out a lobe. The dulness will also change with change of posture, while vocal fremitus and resonance are diminished.

Chronic bronchitis with dilated bronchi may be mistaken for phthisis. Dilatation of a bronchus may be caused either by collapse of a lobule of the lung, the bronchus then dilating to fill the vacuum thus formed, or, from long continued and difficult cough, the bronchus giving way at some weakened point. These cases resemble phthisis in the following points—emaciation, sweating, debility, cough, expectoration. It may usually be diagnosed from phthisis by the fact that phthisis begins at the apex; dilatation generally takes place at the root of the lung, in the vicinity of the large bronchi. In phthisis there is hæmoptysis; in dilated bronchi this is absent. The sputa are fœtid in dilated bronchi; they are not in phthisis. Attention to the above points, together with careful physical examination, will generally be sufficient to clear up the case. If not, the progress of the case will remove all doubt.

In speaking of the morbid anatomy it is necessary to know that bronchitis may prove fatal, and yet no marks of inflammation appear on the mucous membrane. This, however, can only occur when the smaller tubes alone are affected. It is due to the fact that the mucous membrane of the capillary tubes approaches in character a serous membrane, and serous inflammations frequently disappear after death. In ordinary cases the mucous membrane is covered with thick tenacious mucus. When this is removed the membrane underneath is found thickened, red, and irregular. In some cases even slight ulceration of the mucous membrane may be seen.

Plastic bronchitis deserves mention here, as, though not often met with, it may be mistaken, when it does occur, for phthisis or pneumonia. Its symptoms are wasting, cough, hæmoptysis, and expectoration of plastic casts, called bronchical polypi, and dulness on percussion. It may be diagnosed from both phthisis and pneumonia by the fact that plastic casts of the bronchial tubes are expectorated, and on physical examination vocal fremitus and resonance are diminished instead of increased.

Syphilitic bronchitis is an affection deserving of careful consideration from the fact that it is liable to be mistaken for phthisis, and which, if not properly treated, will assuredly become phthisis. The symptoms resemble those of phthisis in the following points: There is great emaciation. In the syphilitic affection, however, the patient has a peculiar dull, cachectic appearance, which is very suggestive of syphilis. There are night sweats, but in this case the cutaneous exhalation is clammy, and has a heavy unpleasant smell. Hæmoptysis is a marked symptom, but the expectorated blood, instead of being of a bright arterial hue, is dark in colour, and somewhat grumous. Diarrhœa is a very troublesome and persistent symptom, which usually defies all ordinary treatment. There is dulness on percussion, but, instead of being at the apex, as in phthisis, it occurs in scattered patches over both lungs, being due to gummatous deposits. Cough is not usually so troublesome a symptom as in phthisis. Expectoration is usually profuse, and the expectorated matter is fœtid.

From the above we see that the following are the chief points of distinction between these affections:—

1. In syphilitic bronchitis the sweat is clammy and unpleasant in odour; in phthisis it is not.

2. In syphilitic bronchitis the expectorated blood is dark and clotted, in phthisis it is bright in colour.

3. In phthisis the dulness in apical, while in the bronchitis it occurs in scattered patches.

4. The expectoration is fœtid in syphilitic bronchitis, it is not in phthisis.

5. In phthisis the patient is bright and hopeful, while in syphilitic bronchitis the expression is dull, heavy, and depressed.

The morbid appearances distinctive of syphilitic bronchitis are the presence of gummata in the substance of the lungs. These growths are situated in the connective tissue between the air vesicles and bronchial tubes. They are surrounded by a layer of connective tissue which contains a number of blood vessels; inside this is a covering of fibrous tissue; the centre of the tumour is filled with a dirty yellowish-grey substance, which after a time undergoes caseation.

It is now necessary to consider shortly the most important sequelæ of bronchitis. Of these that which first claims attention is phthisis. Frequently repeated attacks of bronchitis may produce phthisis in subjects in whom not the slightest hereditary tendency exists. If such is the case how much more likely is phthisis to result in persons who are already predisposed to the affection. In patients who are phthisical bronchitis works the greatest havoc, so that in these cases it is of the greatest importance to treat the slightest attack at once, and continue the treatment until the disease is thoroughly cured.

Another very important sequella of bronchitis is emphysema. It most frequently occurs in old persons who have suffered for some time from winter cough; yet no age is exempt from it, and it may even be met with in young children where strong family predisposition to fibroid degeneration exists.

Emphysema may be caused either by collapse

of a lobule of the lung, when the surrounding vesicular portion becomes emphysematous to fill the space formerly occupied by the collapsed lobule. This, however, is of comparatively little importance. Or the whole or greater part of the lungs may become affected. In these cases it is caused by frequent cough, especially where any obstruction exists to the free expiration of the air. When such is the case, the air is forced into the air vesicles, which distend and burst. After a time the lungs permanently lose their elasticity. When this takes place a disease becomes established, which causes the greatest possible inconvenience to the patient, and which exerts a most detrimental influence on his general health.

In the treatment of bronchitis the indiscriminate use of expectorant medicines frequently does much harm. Thus I have several times seen cases where the mucous membrane was dry, inflamed, and irritable, yet in these cases turpentine was ordered, which, being a powerful styptic, as we know, could only aggravate matters. Yet, if the prescribers are asked why they use turpentine in these cases, their invariable answer is, "Because it is an expectorant"! Such treatment is manifestly incorrect and unscientific, for expectorants have their special modes of action as well as any other class of medicines. If we consider these special modes of action we find that tartar emetic and ipecacuanha increase the secretion from the mucous membrane. Alkalies, especially ammonia, increase the amount of, and at the same time liquify the mucus, thus assisting its expectoration. Blue pill increases the secretion, and also acts as a powerful alterative. It is very useful when combined with ipecacuanha.

The medicines which facilitate expectoration are carbonate of ammonia, senega, squill, and stimulants. Turpentine diminishes the secretion, but, from its stimulant action, it also assists expectoration; it is therefore specially indicated in debilitated patients in whom there is profuse expectoration.

Opium, morphia, and hydrocyanic acid relieve cough, but they should only be given where they are really necessary, as they diminish the secretions.

When a person is seen suffering from the premonitory symptoms of bronchitis, the attack may sometimes be cut short by a hot mustard bath and ten grains of Dover's powder at bedtime. I have often seen this treatment successful in what threatened to be a very severe attack of bronchitis. If, however, this does not succeed in checking the disease, the patient should be confined to the house, or, if the attack is bad, to bed. The temperature of the room should be kept at about 65 deg.; it should be well ventilated, but the patient must be carefully preserved from all draughts. The action of the skin should be promoted either by vapor or camphor baths. (*a*) If the bowels are irregular 5 gr. of calomel, followed, if necessary by a dose of castor oil in the morning, acts better than any other aperient. In bronchitis, occurring in strong adults, I prefer tartar emetic, in one-sixth gr. doses, to any other remedy; it frees both the bronchial and cutaneous secretions, and lessens the inflammation. It may very advantageously be combined with spt. ammon. arom. Tincture of aconite in 2 m. doses every hour is very useful, especially in phthisical persons, where the great object is to overcome the inflammation in the shortest time possible; it should, however, be used with caution. Leeches to the chest and dry cupping afford great relief. Linseed meal and mustard poultices should be kept frequently applied.

In capillary bronchitis tartar emetic may be given for the first day or two, but if there are any signs of depression it should be omitted. Afterwards spirits of turpentine with ammonia and ether are the most useful remedies. Ether is here very valuable, as, besides being a diffusible stimulant, it overcomes any spasm of the muscular tissue of the bronchial tubes which may exist. If the kidneys are not acting properly spirits of juniper may be given with great advantage. Stimulants are generally required, and the diet should be nutritious and easily digested. Turpentine stupes and linseed and mustard poultices should be kept constantly applied. In those cases where the bronchial tubes become blocked up with mucus, an emetic will bring this away, and afford great relief. When the acute symptoms are passing off iodide of potassium and carbonate of ammonia internally, with flying blisters about the sternum, afford the best results.

In chronic bronchitis it is of great importance to improve the general health. The diet must be carefully regulated; stimulants are needed in most cases; and a general tonic plan of treatment should be adopted. The condition of the bowels should be inquired into, and if necessary corrected. If the heart is affected tincture of digitalis should be given. Where there is bronchorrhœa, turpentine, chloride of ammonium, and the balsams, together with inhalations of turpentine, creosote, or iodine, are most effectual in relieving excessive secretion. If there are fœtid sputa, carbolic acid inhalation will usually correct this unpleasant symptom. When the healthy action of the mucous membrane is becoming re-established arsenic is very beneficial; it increases the appetite, improves the state of the blood, and restores the tone of the pul-

(*a*) To give a camphor bath the patient is undressed and placed on a cane-bottomed chair, being then surrounded by a cloak. About one drachm of camphor is placed in a crucible and burned under the chair; after remaining for a few minutes in the vapour the patient is removed to bed, in a short time a gentle perspiration sets in which is most beneficial. The bath may be repeated every second day.

monary tissues. If there is anæmia tincture of the perchloride of iron may be combined with the arsenic; if this is done the bowels should be kept regularly acting, or the iron will have little effect. Iodide of ammonium and sulphur are most useful in gouty bronchitis.

Persons who suffer from winter cough should, if possible, reside during that season in some mild climate. If this cannot be they should be kept constantly under observation, and the slightest pulmonary symptoms should receive attention and treatment.

In syphilitic bronchitis mercury should on no account be given, or the case will become one of phthisis. Iodide of potassium and iodide of iron, with decoction of cinchona, will generally greatly relieve the symptoms. Codliver oil with good diet will assist in restoring the patient.—*Dublin Medical Press.*

HOW TO CURE FITS OF SNEEZING.

During the recent rapid changes of temperature, I caught severe cold in my head, accompanied by almost incessant sneezing. My unfortunate nose gave me no rest. The slightest impact with cold air, or passing from the outside air into a warm room, equally brought on a fit of sneezing. In vain I snuffed camphor and pulsatilla; the light catarrh still triumphed over me. At length I resolved to see what the maintenance of an uniform temperature would do towards diminishing the irritability of my Schneiderian membrane, and accordingly I plugged my nostrils with cotton wool. The effect was instantaneous; I sneezed no more. Again and again I tested the efficacy of this simple remedy, always with the same result; however near I was to a sneeze, the introduction of the pledgets stopped it *sur le champ*. Nor was there any inconvenience from their presence, making them sufficiently firm not to tickle, and yet leaving them sufficiently loose to easily breathe through. This is really worth knowing; for incessant sneezing is among the greater of smaller ills; and it seems only a rational conclusion to hope that in this simple plan we may have the most efficient remedy against one of the most distressing symptoms of hay-fever.—S. Messenger Bradley, in *British Med. Jour.*

HOW NOT TO TAKE COLD.

Dr. Beverly Robinson, in a lecture on "colds and their consequences," gave the following good practical suggestions:—

If you start to walk home from a down-town office, and carry your coat on your arm because the walking makes you feel warm, you are liable to take cold. Therefore, don't do it. If you should take the same walk after eating a hearty dinner, your full stomach would be a protection to you, but even then my advice would be, don't take the risk. A person properly clothed may walk in a strong wind for a long time without taking cold, but if he sits in a room where there is a slight draught, he may take a severe cold in a very few minutes. Therefore, don't sit in a room where there is a draught.

Unless you are affected by peculiar nervous conditions, you should take a cold sponge bath in the morning, and not wash yourself in warm water. Plunge baths in cold water are not recommended; neither is it necessary to apply the sponge bath all over the body. Occasional Turkish baths are good, but those who have not taken them should be advised by a physician before trying them. Warm mufflers worn about the neck do not protect you against taking cold, but on the contrary render you extremely liable to take cold as soon as you take them off. They make the throat tender.

Ladies ought to wear warmer flannel underclothing than they now do, if one may judge from the articles one sees hanging in the show-windows of the shops. People take cold from inhaling cold air through their mouth oftener, perhaps, than by any other way. Ladies dress themselves up in heavy furs, go riding in their carriages, and when they get home, wonder where they got that cold. It was by talking in the cold, open air, and thus exposing the mucous membranes of the throat. The best protection under such circumstances is to keep the mouth shut. If people must keep their mouths open in a chilly atmosphere they ought to wear a filter.

Above all, be careful of your feet in cold, damp weather. Have thick soles on your shoes, and if caught out in a rain which lasts so long as to wet through your shoes despite the thick soles, put on dry stockings as soon as you get home. But in cold, wet, slushy weather, don't be caught out without overshoes. Rubbers are unhealthy, unless care is taken to remove them as soon as you can get under shelter. They arrest all evaporation through the pores of the leather. Cork soles are a good invention.

When you go into the house or your office, after being out in the cold, don't go at once and stick yourself by the register, but take off your coat, walk up and down the room a little, and get warm gradually. Warming yourself up over a register just before going out in the cold is one of the worst things you can do. Never take a hot toddy to warm you up unless you are at home and don't expect to go out of the house again till the following morning. In short, make some use of your common sense, and thus emulate the lower animals.—*Boston Journal of Chemistry.*

THE ANTISEPTIC TREATMENT OF PHTHISIS.

Dr. Curschmann, of Hamburg, strongly advocates the inhalation of antiseptics in phthisis. His mode of treatment is described in a Berlin medical journal. He employs a respirator made of vulcanite, with a rim of soft india-rubber, where it touches the face, to insure close contact and prevent air from entering the lungs except through the respirator. He generally covers both nose and mouth, so that all the air which the patient breathes is saturated with the vapor in the inhaler.

The substances used for inhalation are pure oil of turpentine, carbolic acid, thymol (either pure or diluted with from one to three parts alcohol), and creasote. Dr. Curschman finds no bad results from using the agents either pure or very slightly diluted. Careful examinations of the urine after the prolonged inhalation of oil of turpentine never revealed the least renal irritation; nor did the patients complain of any unpleasant symptoms, except occasionally a little oppression of the head and headache. The same is true of the use of undiluted carbolic acid previously liquefied by a gentle heat. If care be taken to wipe the edge of the inhaler frequently where it touches the face, and to anoint the face itself with simple ointment, there is no local soreness. Dr. Curschmann has never seen any irritating effect produced either on the inside of the mouth or on the larynx by the carbolic acid in so concentrated a form; nor has any instance of so-called carbolic "intoxication" occurred in his practice. He explains the harmlessness of the pure acid, first, by the small amount of it which evaporates and reaches the lungs at all; and, secondly, by the fact that a large part is, very soon after reaching the dilated bronchi or cavities, expectorated with their secretion, and that the false membrane lining these cavities probably offers considerable resistance to its absorption into the system. Both carbolic acid and thymol evaporate much more freely in alcoholic solution than when pure; and he has almost invariably used thymol in this form alone. Alcoholic solutions of carbolic acid are more apt to cause paroxysms of cough than the undiluted acid. More patients, however, object to the use of thymol than of carbolic acid; but the former is, no doubt, safer for children's use than the latter.

Creasote never requires dilution, but it is very important to see that the druggist supplies a pure article. Dr. Curschmann prefers creasote in cases where there is a tendency to hæmoptysis: he finds that it not only has a styptic action and disinfecting properties as powerful as those of carbolic acid, but that its vapor is sedative, and allays rather than excites cough.

Dr. Curschmann relates the history of two cases of phthisis with abundant and fetid expectoration. One was treated by inhalations of pure carbolic acid; the other, first by oil of turpentine, and later by carbolic acid. The inhalations were at first kept up for two or three hours at a time, later continuously. Both patients were relieved of their cough, and during the six months they were under observation gained twenty pounds in weight.—*Boston Journal of Chemistry.*

MRS. HIPPOCRATES.

The *American Practitioner* for January says:

The doctor's wife rarely appears in ancient history, and so all references to her are peculiarly interesting. Some months ago, having access to a copy of Littré's "Hippocrates," we were very much interested in a letter from the Father of Medicine to his friend Dionysius of Halicarnassus. A large part of the letter related to his wife,—shall we call her, after the fashion of the present times, Mrs. Hippocrates? Too poor to own the writings of Hippocrates, we must quote some of the salient points of the letter from memory. It appears the Abderites had concluded that their distinguished fellow-citizen, Democritus, was insane, and were very anxious to have Hippocrates visit him; but in order that the latter could make this visit it was necessary some one should come and attend to his patients during his absence, and he accordingly wrote to Dionysius to do him this favor. The wise physician states in his letter that he does not believe Democritus is seriously ill. Those, by the way, who are curious in regard to the interview between the illustrious physician and the famous philosopher will find it very fully given in Burton's "Anatomy of Melancholy;" how the latter was found engaged in dissecting animals, and how, after a long discussion with him, Hippocrates left him, and told the anxious Abderites that although Democritus was a little careless as to clothes, food, and even for his body, the world had not a wiser, a more learned, a more honest man, and they were much deceived to say he was mad.

But what about the wife of Hippocrates? In this letter he tells his friend that although her father and mother will be there to watch over her—honest people, who will try to keep her in honest ways—yet he is not satisfied with this supervision alone, but wants Dionysius to exercise his watchfulness as well, for his belief is that a man can leave his wife more safely nowhere than in the care of a friend. It was very ungallant in Hippocrates to speak such words as these: "For a woman hath need to have an overseer to keep her honest. They are bad by nature, and all lightly given; and if they be not curbed in time, as an unpruned tree, they will be full of wild branches and

degenerate of a sudden." Especially was there danger when the husband was absent, and therefore he besought the watchfulness of Dionysius. Doubtless Mrs. H., thus triply guarded, brought no dishonor on her husband; though now-a-days no doctor would write of his wife and of women as Hippocrates did.

INVERSION OF THE BODY IN CHLOROFORM ASPHYXIA.

Dr. Spörer describes an interesting case of this treatment in a recent St. Petersburg journal. A leading English medical weekly refers to it as a "novel treatment," but the value of inversion of the body in such cases was demonstrated long ago, though many physicians may not be aware of the fact. The case in question was that of a boy eleven years of age, in whose ear a pea had become embedded. After numerous trials to remove it, from thirty to thirty-five drops of chloroform were inhaled from a handkerchief in order to relieve the great pain which these trials caused, and the body was then easily removed. But scarcely had the inhalation ceased when the boy's pulse entirely failed, and he gave every sign of approaching death. Efforts of restoration of the usual kind were tried in vain for more than twenty minutes. His head and the upper part of the body where then thrust out of the window to try the effect of the cool September air; but as no effect was produced, one of the assistants seized hold of the boy by the legs and hung him out of the window with his head downwards, swinging him to and fro like a pendulum. After four or five minutes of this procedure the boy's death-like face became reddened, and to the joy of all present he uttered a cry. The respiration and circulation were restored after more than half an hour's arrest. Dr. Sporer does not believe the recovery was due to the mere exposure to the air, but rather to the inverted position of the body inducing a passive congestion of the anæmic brain, and thus giving an impulse to the action of the heart.

THE MEDICAL USES OF MILK.

M. Biot, in the *Revue Mensuelle de Médecine et de Chirurgie*, 1879, gives a summary of the clinical facts observed at the Hôtel Dieu at Lyons, on this subject. The deductions and conclusions drawn by M. Biot touching the nature of acute articular rheumatism and the efficacy of the milk regimen in the course of this affection, are based on a number of analyses of urine, made as completely as possible, since they give the amount of the total nitrogen, of the urates, of the total chlorides, and of the phosphoric and sulphuric acids. His theoretical and therapeutical views on the subject are thus summarized: The fever of acute rheumatism generally lasts two or three weeks, and consequently, either from the time it lasts or on account of the high rise in temperature, causes an enormous consumption of blood corpuscles, which produces profound anæmia in the patient: The fall of temperature is the best criterion of the cure, and coincides exactly and constantly with the disappearance of the pains. The tortures endured by patients suffering from acute articular rheumatism are in themselves alone of a violence and tenacity sufficient to induce the physician to endeavor to oppose to this disease a treatment which would unite the three qualities *citò, tutò, et jucundè*. The milk diet seems capable of fulfilling this desideratum; it causes the temperature to fall rapidly below hyperpyrexia, and simultaneously assuages the pains in a period varying from three to eight days. The effects from these two points of view are more prompt and more powerful if the patient be submitted to the milk regimen at the outset of the affection. This milk regimen, without overcharging the stomach or raising the temperature, by its nutritive power and its facility of digestion, prevents, in great measure, that characteristic and generally troublesome anæmia left behind by attacks of rheumatism. Beside these general effects, milk diet has a special action on the urinary function, which is clearly indicated in rheumatism. Milk strongly favors the elimination of all the waste principles accumulated in the organism; its exclusive use causes both the quantity of urine excreted in twenty-four hours and the quantity of all the saline principles dissolved in this liquid to increase rapidly; density, on the contrary, experiences a proportionate decrease. The impetus given to the urinary function by a milk regimen allows a glimpse of the nature of rheumatism, its near and intimate causes. The analyses of urine seem to show that there is an accumulation of urates or uric acid in the organism of rheumatic sufferers, and that its diminution under the influence of milk is not one of the smallest benefits of this regimen.

IMPORTANCE OF ATTENTION TO SLIGHT PERINEAL LACERATIONS.

Before the Boston Society for Medical Improvement (Boston *Medical Journal*), Dr. Lyman read a paper on slight perineal lacerations, which he said were extremely frequent in women who had borne children, so much so that Schroeder estimated that they existed in over one-third and Olshausen in over one-fifth of all parous women. He said that no laceration extending beyond the fourchette sufficiently to leave a recognizable cicatrix is unimportant, for no such lesion is without injurious effects in many ways. The more common results which may ensue, if enumerated somewhat in the order

of their gravity, and more or less likely, of course, in proportion to the extent of the laceration, are, primarily, septicæmia, and secondarily, sterility, cystocele, rectocele, and prolapsus, with consequent derangements of the pelvic circulation, as endometritis, cervicitis, cystitis, and leucorrhœa, imperfect coition, pruritus, vaginal flatus, and extensive reflex neuralgic irritation from the cicatrices. This formidable list might be extended without exceeding the reality. He did not mean that all, or many of them, perhaps, occurred in every case, but in the majority of cases one or more of them were tolerably common. He urged that the perineum should be thoroughly inspected immediately after labor, and if any laceration be found, however slight, a sufficient number of sutures should be introduced to retain the edges in contact, exclude the lochial discharges, and allow the parts to heal by first intention, instead of by granulation, with its necessary accompaniment of cicatricial induration.

PLANS FOR REDUCING OBESITY.

Among the complaints which are not maladies which the physician is at times called upon to treat, obesity is one which is frequent and troublesome. The remedies which have been suggested for it class themselves under three heads—

1. Diet. 2. Exercise. 3. Specific Medicines.

The diet plan is well-known throughout the civilized world, by the pamphlet of Mr. BANTING, of London, nearly one hundred thousand copies of which, if we recollect rightly, were published in the English language alone. The practical difficulties in carrying out his plan are that it cuts off the very articles most generally prized by fat people, and that it brings about in some constitutions a decided debility, and even certain forms of kidney disease. Nevertheless, we know several persons who have for years regulated their weight and prevented a natural tendency to lay on fat, with very little trouble, by a more or less rigid observance of BANTING'S rules.

Every one knows that sufficient exercise, hard, bodily labor, if you please, will certainly prevent obesity, and remove it when present. The first step in training for an athletic contest is to work off the fat, and there is never any difficulty about it in the hands of a skilled trainer with a willing pupil. But to many it is not at all a pleasant method, and to many more it is practically out of the question, because they have no time and no opportunity to take it up. We are, therefore, often driven to

Specific Medicines. The question is, are there any? To begin, certainly natural mineral waters have quite a reputation this way. This may seem singular, as a favorite plan to reduce fat, with the older physicians, was, as near as possible, absolute avoidance of all liquids. Thus Ettmuller, writing in 1685, says:—"*In obesis remedium infallibile est abstinentia a nimio potu*" (*Opera* I, p. 240). But these mineral waters, such as Marienbad, Montmirail, Andabre, etc., are more or less alkaline and laxative, and thus, it is believed, counteract the effect of the fluid itself. Best of all, probably, is sea water.

Not long since, in a number of the *Paris Médicale*, there were some remarks on the treatment of obesity by the administration of sea water combined with a residence at the seaside. Sea water taken internally, it is stated, acts as a diuretic and purgative, particularly the latter. A small glassful of it should be taken three times a day in a little fresh water or milk. Sea-water baths are also to be resorted to, free exercise should be practiced, and fattening articles of food strictly avoided. It is stated that sea water used in this manner facilitates the oxygenation of the blood, and that it hastens the elimination of effete materials.

A sea weed, the *fucus vesiculosus*, has, of late years, been brought into notice as an attenuant. It contains iodine and bromine in small quantities, and was administered by Lænnec, in phthisis, as a tonic. In some parts of Ireland it is used to fatten pigs, and even in famine times the peasantry have prepared it for food. That it could have, therefore, any attenuant properties must be held doubtful, particularly as the recent experiments with it have led to very conflicting results. STILLE, in the last edition of the *National Dispensatory*, dismisses it as quite obsolete for any such purpose. But Dr. Mulheron, of Detroit, thinks that much depends on the idiosyncrasy of the patient. According to him it is in the obesity of those of the lymphatic temperament that the beneficial effects of this drug are most marked. It has little or no influence in reducing the "fleshiness" of persons of active habits and of the sanguine temperament. In these, he adds, strict regulation of diet affords almost the only prospect of relief, but, owing to the keenness of the appetite which usually exists, this regulation can very rarely be enforced. The cases in whom *fucus vesiculosus* shows its most decided beneficial effects are women, in whom there exists usually some menstrual derangement, as menorrhagia and leucorrhœa, owing to an atonic and flabby condition of the uterine tissue. In such cases an improvement in these local derangements usually precedes the general reduction of fat and the improved tonicity of the general system.

Arsenic, in some cases, has been found effective by Dr. Whittaker, of Cincinnati. He thinks it may act in the reduction of fat, by simply increasing the absorption of oxygen gas, and thus securing its decomposition into carbonic acid gas and water after the usual way. For this remedy has long been administered empirically

and with great efficacy in asthma and allied diseases, attended with a diminished inhalation or absorption of oxygen gas.

Alkalies, preëminently the *liquor potassæ*, in full doses, are unquestionably successful in diminishing the weight; but the quantities required to accomplish this effectively are nearly sure to bring about alkaline dyspepsia of an intractable character, and a cachectic condition much more distressing than that of polysarcia.

Such are the alternatives before our fat friends. Perhaps the best advice we can give them is a judicious combination, in moderation, of all three of the agencies for reducing weight which we have enumerated. Taken together or in turn, one or all, will be sure to lessen weight.

PRURITUS ANI.

A correspondent of the *British Medical Journal* gives the following advice in this annoying complaint: —

Wear a piece of cotton wool, of the size of a walnut or larger, at the anus; a few shreds of the wool should be inserted inside the sphincter, and this will be sufficient to retain the whole in its place. A fresh piece must be used after each evacuation. After two years' experience, I can speak most highly of this way of relieving the intolerable annoyance of the pruritus; so long as I wear it I am quite comfortable. For about twelve years I had been a martyr to the complaint.

THE THERAPEUTICS OF ACUTE RHEUMATISM.

1. In the feeble, anæmic, nervous subject, he gives tinct. ferri chlorid, *mxxx.* every four hours; orders the joints to be kept at rest, wrapped in cotton if the patient desire it; and if they are very painful, small blisters (the size of a silver dollar), to be applied around them. An occasional laxative of Rochelle salt is added. The iron cuts short the disease, lessens the danger of cardiac complication, and also has the power, as Anstie pointed out, of preventing impending attacks. The blisters relieve pain, and bring about a more alkaline condition of the blood and urine. Thus treated, cases of this type rarely last more than two weeks, heart complication is infrequent, convalescence is rapid and relapses uncommon.

2. Fat and flabby subjects require the alkaline plan: Two drachms of potassium carbonate, ½ drachm of citric acid and four ounces of water every four hours, until the urine ceases to be acid, when the amount is to be reduced one-half, the reduction being then continued daily until the fourth or fifth day, when, if the urine continue alkaline, quinia (six grs. every four hours), or preferably tinct. ferri should be added. If the attack is severe blisters are applicable. With this treatment, this class get well within two weeks.

3. Vigorous subjects, often with hereditary tendency. These cases are often promptly relieved by salicylic acid in scruple doses. Not less than ʒ ij. should be administered in twenty-four hours, and considerably more may be required. It is more effective given in solution with an excess of alkali. A cure is thus not unfrequently effected in three or four days, but some stomachs cannot bear it, and if it depress the heart it must be stopped. If after three or four days it produce no improvement, it is useless to persist in it. In all forms the diet should be liquid. Opium is objectionable by checking elimination; atropia promotes elimination, and is therefore preferred as an anodyne, being given hypodermically in the neighborhood of the affected joints, and it is rarely necessary to exceed gr. 1-80 a day.

Should cardiac complication arise, the carbonate of ammonia (gr. v. doses frequently), and infusion of digitalis, with hypodermic injection of morphia should be given at once, to dissolve fibrin, check inflammation and lessen the work of the heart. When the acute symptoms have subsided, substitute iron and quinine for the ammonia and morphia. Experience also shows a blister on or near the præcordia to to be useful.

In the sudden hyperpyrexia (fortunately very rare), where the temperature leaps without cause to 106°—109° F., the cold bath is necessary to ward off certain death.—Prof. Bartholow in *Med. News and Abstract.*

A PLEASANT REMEDY FOR TOOTHACHE.

Our cook presented herself to me with a swollen cheek, asking for something to relieve the toothache, from which she had been suffering all night, and for which she refused to have the tooth extracted. As there was nothing of the usual kind at hand, I was on the point of telling her to call later at my office, or go to a dentist, when it occurred to my mind that there was in the house a vial of *compound tincture of benzoin*, which I had been using upon a young mother as a protection against sore nipples.

After cleansing the decayed tooth, I saturated a pledget of cotton lint with the tincture, and packed it well into the cavity, hoping this would suffice for the time, and bidding her come back in two or three hours if she was not relieved. I was turning away when she remarked that it might not be necessary, perhaps, as the pain was already gone. Supposing her faith had a large share in the relief, I would not allow myself to think that the medicine had anything to do with the cure any more than so much hot water would have done.

But when I arrived at my office there were two other patients awaiting me with the same affliction, and I determined, by way of experiment, to use the same remedy. To my agreeable surprise both patients declared themselves immediately relieved, and begged a vial of the tincture for future use.

During the winter a number of similar cases applied; and were instantly relieved by the same treatment, all expressing much satisfaction with the remedy.

In December I told my druggist of the discovery, and recommended him to sell it to any person applying for "toothache drops." This, he reports, he has done, and that every one seems delighted with the medicine. * * *—T. C. Osborn in (Baltimore) *The Practitioner.*

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MEDICAL OFFICERS IN THE CANADIAN VOLUNTEERS.

In the May number of the CANADA MEDICAL RECORD there appeared an article in which we claimed that, after a lengthened period of service in the Canadian volunteers, Medical officers should be entitled to the rank of Surgeon Major, a promotion which at that time was denied them. We at the same time expressed our opinion that such an important body should have a recognized head, one to whom they could look for guidance and instruction when called upon to perform active duty. At that time we were not aware that hardly would our article be read, before an order would issue giving to them the desired rank. Such an order did, however, appear, dated the 11th of June, in the following words: "Surgeons who have served consecutively as such during twenty years in any corps of the Active Militia shall have the rank of Surgeon Major, but without extra pay for such increased rank. Assistant Surgeons who have served as such consecutively in any corps of the Active Militia during ten years shall rank as Surgeons, without extra pay."

This order has given rise to no end of dissatisfaction among the profession, and is in itself a strong argument in favor of having a Medical Chief to the Militia Staff. If we had had such an officer, no such outrageous error would ever have been issued. What knowledge can those at the head of affairs have of the wants of the Medical Militia service? Absolutely none. If, then, such an order was issued on their own presumed knowledge, they committed a grave error. If it was issued after consultation, as we have heard it was, with medical men not connected with the force, not only was a grave error committed, but the Medical Staff of the force was insulted by the slight shown to them. We have styled the order an outrageous one, and we call it such, because to ask a Medical man to serve ten years as an Assistant Surgeon and then twenty years more as a Surgeon, making thirty years consecutive service before he can get his rank of Surgeon Major, is not only outrageous, it is simply monstrous. There is absolutely no excuse for such an order, not even the excuse that the granting of the rank was going to increase the expenses of the Department, for the paltry increase of pay which usually accompanies the rank is denied them. In as far as has been possible, the Militia organization of Canada has been copied from the regular army of the mother country; we have the same officers, as regards number and designation, and they, at all events when in active service, receive much the same pay. Why, then, should the Medical officers be treated differently than those of the regular Medical service. Surely the Department cannot be aware that they contribute as much, not only in influence but in means, towards the support of the force as those who are styled combatant, while perhaps none others connected with it sacrifice so much financially, when called, as they have been several times within the last fifteen years, to accompany their regiment upon active service. What then is the rule with regard to the matter of relative rank of the Medical Staff in the regular army? We answer the question by giving the reply of Dr. Muir, the Head of the Medical Department of the British Army, to an enquiry

from us regarding this point. He says: "In any circumstances twelve years service as Surgeon will ensure promotion to Surgeon Major (of which three must be passed on foreign service)." In reading Dr. Muir's reply it must be borne in mind that twelve years' service as Surgeon really means simply twelve years' service as a Medical officer, for the position of Assistant Surgeon does not now exist in the regular service. On entering they are now styled Surgeons, and they receive their relative rank from length of service. What is to hinder the Militia of Canada following the same rule? Active service of course cannot be insisted upon, because the country has it not to offer, but they can give the promotion within the same or nearly the same period of service. Surgeon Major Cuffee, who for distinguished service in the Zulu war was lately decorated by Her Majesty with the Companionship of the Bath, entered the army in 1863, sixteen years ago, yet for the last four he has been a Surgeon Major. As a contrast to this, we know of Medical officers in the Canadian Militia who began their medical services in 1860, and who, getting their promotion to Surgeon in 1866, have, under the order of June 11, 1879, to serve till 1886 before they are entitled to their rank of Surgeon Major, making a period of twenty-six years. And this is the best side of the question, because, unless they get their promotion to Surgeons before ten years' service as Assistant Surgeons, they will have to serve thirty full years before the rank can be obtained. The entire Medical Staff are unanimous in favor of rescinding this order. We, therefore, ask the Militia Department to act at once in the matter. They have perhaps unwittingly been led into a most grievous mistake, and not a moment should be lost in rectifying it. At the same time we would suggest that the additional pay which the rank carries with it in the regular service should be granted. It is a comparatively small matter to the Department, but if insisted upon will still constitute a grievance, concerning which the Medical officers will still have reason most justly to complain.

PERSONAL.

Dr. Neilson "B" Battery, Quebec, is on two months' leave. He is visiting Cuba and the Southern States. Dr. Colin C. Sewell performs duty for him during his absence.

LEGAL LIABILITIES OF HOSPITALS AND OF MEDICAL MEN.

The New York *Medical Record* of Nov. 19th, 1879, says: "A recent decision by the Supreme Court of Rhode Island will have considerable interest to the medical profession, and especially to those members of it who are connected with charity hospitals. It appears that a man in Providence, R. I., while working in a lumberyard, had two of his fingers cut off by a circular saw. He was taken to the Rhode Island Hospital, and there put under the care of interne. Ether was administered, and attempts were made to stop the bleeding. This could only be done, however, by the application of the tourniquet, and that instrument was kept on for seventeen hours. The result was, that eventually the arm had to be amputated at the shoulder-joint. When the patient recovered he sued the hospital for damages on account of unskilful treatment, and because the interne did not summon the visiting surgeon in accordance with the hospital rules.

In the Court the judge directed the jury to give a verdict for the defendant, on the ground that an institution supported as this was, by public charity, should not be made liable for negligence or unskilful treatment. The knowledge that there was such a liability might deter the benevolent from giving money to such institutions. The case was appealed, however, and this judgment reversed.

In his decision the judge stated that hospital corporations should be considered liable for failure to exercise reasonable care in selecting skilful, competent men as internes, and that they were also liable for negligence on the part of the internes in carrying out the proper rules of the institutions, such as sending for the visiting surgeon in cases of emergency.

HYDRATE OF CHLORAL.

Dr. H. H. Kane, of New York City, specially requests members of the profession with any experience whatever in the use of the Hydrate of Chloral to answer the following questions, and give any information they may possess with reference to the literature of the subject:

1. What is your usual commencing dose?

2. What is the largest amount you have administered at one dose, and the largest amount in twenty-four hours?

3. In what diseases have you used it (by the mouth, rectum, or hypodermatically), and with what results?

4. Have you known it to affect the sight?

5. Have you ever seen cutaneous eruptions produced by it?

6. Do you know of any instances where death resulted from or was attributed to its use? If so, please give full particulars as to disease for which given; condition of pulse, pupils, respiration and *temperature;* manner of death; condition of heart, lungs and kidneys; general condition, age, temperament, employment, etc., etc., etc. If an autopsy was held, please state the condition there found.

7. Have you seen any peculiar manifestations from chloral—as tetanus, convulsions, or delirium?

8. Do you know of any cases of the chloral-habit? If so, please state the amount used, the disease for which the drug was originally administered, the person's age, temperament, and the present condition of the patient.

Physicians are earnestly requested to answer the above questions, in order that the resulting statistics may be as full and valuable as possible.

All communications will be considered strictly confidential, the writer's name not being used when a request to that effect is made. Address all letters to Dr. H. H. Kane, 366 Bleecker Street, New York City.

REVIEWS.

Brain Work and Over Work. By Dr. H. C. Wood, Clinical Professor of Nervous Diseases in the University of Pennsylvania. Philadelphia: Presley Blakiston (late Lindsay & Blakiston).

The above volume is No. 10 of the American Health Primers, and it is by no means the least interesting of this most valuable addition to public Medical literature. There is no doubt but that the brain work of the present generation is exceedingly active, and this seems to be admitted upon all hands. It is also generally believed that this activity very often ends in death from over work. To prove such to be the fact is a matter of impossibility, for over work ends often in specific diseases, which, at all events among the public, are not associated with a nervous origin. In this fact lies, at all events, some of the value of this work, inasmuch as its author shows most conclusively that "little habits" which, in the opinions of the mass, are of a very harmless character, are those which cause the great nervous centre—the brain—to refuse to bear with impunity an extra amount of work, and thus they are the fountain from which arise much brain trouble. As a readable book, Dr. H. C. Wood is to be congratulated in having produced one of truly rare merit. We were deeply interested before we had read a dozen pages, and we laid it not down until we came to the final word, "The End."

A Manual of the Practice of Surgery. By W. Fairlie Clarke, M.A., M.B., F.R.C.S., Assistant Surgeon to Charing Cross Hospital, with additions by an American Surgeon. New York, William Wood & Co. Montreal, John M. O'Loughlin.

This is one of the works which have during 1879 been published as a portion of Wood's Library of Standard Medical Authors, at the cost of a dollar a volume. The idea of issuing works at such a cheap rate was a bold one, and we hope the venture has been such as to induce the publishers to continue their publication. The volume before us is one of an essentially practical character, and it is largely illustrated with wood engravings; in fact, its merits have been recognized by the profession, and its appearance in this cheap form ensures for it a very extensive circulation.

Outlines of the Practice of Medicine, with special reference to the Prognosis and Treatment of Disease, with appropriate formulæ and illustrations. By Samuel Fenwick, M.D., lecturer on the Principles and Practice of Medicine at the London Hospital. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Brothers.

Dr. Samuel Fenwick is recognised in England as being a thoroughly practical physician; the book is therefore eminently practical. Indeed that such is the case will be well understood when we state that the contents of the work are the extended notes of the last few lectures, which he was in the habit of delivering at the close of his course of lectures at the London Hospital Medical College; and this for the purpose of strongly impressing upon the class the

treatment of the diseases which had been passing under consideration. We know of no better work for the use of students attending the class of Clinical Medicine.

Sore Throat, its Nature, Varieties and Treatment' including the Connections between Affections of the Throat and other Diseases. By PROSSER JAMES, M.D., Physician to the Hospital for diseases of the Throat and Chest. Fourth edition, illustrated with hand-colored plates. Philadelphia, Lindsay & Blakiston, 1880. Montreal, Dawson Bros.

The author of this work is well-known on the other side of the Atlantic as a most painstaking and conscientious observer. Anything coming from his pen is, therefore, sure to receive from the profession a cordial welcome. It is consequently no surprise for us to learn of the rapidity with which the various editions of the book have become exhausted. It is a work surely calculated to enhance the author's well earned reputation, for he has brought it well abreast of the times, and in few departments of Medical literature has such advances been made as in this specialty. The hand-colored engravings which adorn the opening pages of the work are beautiful specimens of art, and its very practical character will commend it to the general practitioner.

LACTOPEPTINE.

It is really astonishing what a demand has arisen for this preparation, and yet, after all, not so astonishing, when the benefits which are derived from its use in proper cases is considered. We can personally endorse every word which has been or can be said in its favor; indeed, it has very seldom failed to act just as we expected it would.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, Dec. 26th, 1879.

A regular meeting of the Society was held this evening. In the absence of the President, the 1st Vice-President, Dr. Reddy, occupied the chair.

There were present: Drs. Reddy, Hy. Howard, Kennedy, Kerry, Loverin, Larocque, Ross, Osler, Gardner, Shepherd, Roddick, F. W. Campbell, Proudfoot, Fenwick, Munro and Edwards.

The minutes of last meeting were read and approved.

Dr. Osler exhibited as pathological specimens:

1. Tumour of the brain.
2. Large white kidney in acute Bright's disease.
3. Fibrous concretions in the heart.

Dr. Fenwick read an interesting paper on "Stricture of the urethra from traumatic causes."

In the discussion which followed Dr. Kennedy mentioned the facts of a case in his practice. A lad 12 years of age, who was first treated for spasmodic retention of urine, graduated bougies a boule were passed till a No. 5 catheter could be introduced. A month ago a perineal abscess formed and was opened, a week since a second followed and was similarly treated.

Dr. Roddick cited the practice of the New York Hospitals, which met with his approval, in not passing a catheter after operating for stricture. A bougie may be passed into the bladdor once but not repeated. He did not favor the leaving a catheter in the bladder in any case. In a recent case he had used oil in dilating the urethra, an assistant passing a finger into the rectum to prevent the oil entering the bladder; the penis is then grasped firmly and the oil injected.

Dr. Ross remarked that in chronic cystitis the United States Surgeons leave the catheter in for days without removing it.

Dr. Fenwick, in reply, said the custom in the operation for stone of allowing the urine to flow through the wound would seem to favor the views of the New York Surgeons. The only reason for leaving a catheter in was cleanliness, and twenty-four hours was sufficiently long, as after that time the patient had power to retain his water. Dr. Fenwick objected to distending the urethra with oil, such a proceeding might burst the urethra at a weak point.

A vote of thanks to Dr. Fenwick was moved by Dr. Hy. Howard, seconded by Dr. F. W. Campbell, and carried.

Dr. Frank Shepherd exhibited to the Society an anatomical anomaly, a bony process between the clavicle and the root of the coracord process of the scapula.

The discussion on the report of the Council regarding a short-hand reporter was postponed till the next meeting.

Dr. F. W. Campbell reported on the subjee

of a permanent room for the Society, and on motion of Dr. Ross, seconded by Dr. Campbell, a special meeting was announced to take this matter into consideration.

Dr. Fenwick moved and Dr. F. W. Campbell seconded that the By-Laws be referred to the Council for amendment, to be reported on at a subsequent meeting.

The meeting then adjourned.

OLIVER EDWARDS, M.D.,
Secretary.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, January 9th, 1880.

The ordinary meeting was held this evening, the President occupying the chair. There were present, Drs. R. P. Howard, Hy. Howard, Kennedy, Kerry, F. W. Campbell, Ross, Trenholme, Osler, Browne, Reddy, Larocque, Simpson, Bell, Cameron, Roddick, Bessey, Smith and Edwards.

Dr. OSLER exhibited: (1). Specimen of obturator hernia. Dr. Cameron gave a brief account of the case, which occurred in an old woman, æt. 69, an inmate of the House of Refuge. Symptoms were those of intestinal obstruction; there was no tumor to be felt in femoral region. Death followed after 10 days, illness. At the autopsy a small portion of the ileum was found to have passed into the obturator canal, and was there nipped, and in part of the circumference had sloughed. It formed a slight projection beneath the pecteneus muscle.

2. Specimens of diphtheritic inflammation of vagina, bladder and pelvis of kidneys in typhoid fever. Patient had been in Hospital from Nov. 25th, with a moderately severe attack of fever, accompanied with a good deal of nervous depression. There was retention of urine, and she was catheterized on several occasions, the first time on Dec. 4th. On the 14th there was a bloody discharge from the vagina, and on 23rd bloody urine, and from this time characters of urine were altered, it having a thick shreddy deposit; temperature was not increased, and for four days before death, which took place on January 3rd, was normal.

At autopsy there were cicatrizing typhoid ulcers in ileum. In vagina a thick greyish membrane covers a considerable part of the mucosa. Bladder is full of shreds of membrane, and a tolerably perfect cast of the fundus lies free in the cavity. Parts about the neck are covered with a thick, greyish exudation. The ureters are not involved. The mucous membrane of the pelvis of the left kidney is infiltrated with a similar exudation, that of the right side only at the upper portion.

Dr. Ross said, regarding the one mentioned by Dr. Osler, it was a severe case admitted on the 15th day, with a pulse of 140. The temperature remained high till about the thirty-fifth day, when there was a sudden fall to a normal temperature from 104°. It was then seen that she was losing blood, which was at first supposed to be the menses. The introduction of a catheter, however, showed this was not the case, but it was present in the bladder. It was thought to be from acute cysitis. The quantity passed was quite up to 20 ozs. a day till she died. However, shortly after admission, she had complete retention and a catheter was then passed, the urine being then quite clear.

DR. R. P. HOWARD said the question arose, what caused this complication? and he considered it afforded a good illustration of a statement made by Goodhart that the introduction of air, or of air contaminated with foul matter, was a fruitful cause of a like condition. He shows that surgical kidney may arise from this cause, and insists on antiseptic catheterization on this account.

DR. LAROCQUE then read a paper on the City Board of Health.

Dr. R. P. HOWARD, the President, requested a free discussion on this paper, expressing his sympathy with Dr. Larocque in his arduous work.

Dr. F. W. CAMPBELL said that for some twelve years he had worked under the Health Committee of the City Council as a public vaccinator, and, although he had retired from the position now several years, he still felt much interest in all that related to sanitary matters in general, and especially with regard to means for the stamping out of small-pox. He had always been of the opinion, and he was now so more firmly than ever, that it was impossible to get compulsory vaccination carried out without a system of registration of births, such as was in operation in Great Britain. Till such an Act was in operation in Canada, general vaccination was impossible. Sanitary matters in Montreal did not receive from the City Corporation that

attention which their great importance demanded, and this because it was impossible, apparently, to force into the Civic head that the life of a human being was worth far more to the country than was that of an ox or a hog. Strenuous efforts were made by the Legislature to prevent the spread of disease among these animals, but the animal—man—was neglected. Dr. Campbell alluded to the miserable accommodation afforded in the Civic Small-pox Hospital. He also spoke of the labors of the Medical Health officer, Dr. Larocque, whose indefatigable labors deserved the support of every member of the profession.

Dr. REDDY thought that a compulsory bill by the Dominion Parliament should be passed to deal with this question.

Dr. TRENHOLME said there were some matters, as registration of births, marriages and deaths that might be legislated on by the Dominion Parliament, but this was a question demanding provincial legislation or stringent civic attention. To show how readily this foul disease can be and is spread, he spoke of having entered a house where some fifteen women were sewing furs for one of our largest business houses, and in the same room lay a child all covered with small-pox. He felt that Dr. Larocque should be supported and encouraged by the members of the medical profession.

Dr. BESSEY said that animal vaccination should be supplied to all those who objected to humanized lymph, as there was a prevaling opinion among some that in the latter way disease was communicated. The subject of animal vaccination is now exciting attention in England.

Dr. OSLER said there is a general feeling in the Western States that Montreal is filled with small-pox, and there is a dread in the minds of many of coming to this city. He denounced the utterly inadequate accommodation at present offered in the Small-pox Hospital, and expressed as, in his opinion, the best mode of dealing with this foul and fatal disease that established in Germany in 1872. Hospital accommodation was provided, and then all cases were *compelled* to go to the hospital, the result being that the epidemic was stamped out. It is fearful to think that in this period of civilization the pest should have existed here for many years, and for the past ten years in almost epidemic form, and yet so little effort should have been made to rid the city of a disease that is carrying off many of its inhabitants and marring its commercial prosperity.

Dr. HENRY HOWARD said that for many years he had known the Parliamentary Conservative leaders, and the invariable answer to those pressing legislation was, "Do the people demand it?" It was therefore no use asking for legislation before public opinion was sufficiently powerful to sustain and execute the law passed. One most serious drawback in this Province to arousing an interest in this matter was the lamentable ignorance of the people, who looked upon everything that happened as of inevitable necessity. When small-pox enters a house they quietly fold their hands and say, "It is the will of God." As long as such a spirit exists little can be done to cleanse the land of this dire disease. However, it is the duty of all intelligent people to do what they can towards effecting a remedy, and of this Society to sustain Dr. Larocque in his efforts towards this end.

Dr. BESSEY further stated that he had on several occasions seen a number of women congregated in a room making clothes for business houses with small-pox in the same room.

Dr. R. P. HOWARD, in bringing the debate to a close, stated that the thanks of the Society were due Dr. Larocque, for presenting a paper bearing upon matters of such vital interest to this city. He felt that probably sufficient interest had not been taken in the question of sanitary matters. We owe a debt to Dr. Larocque and to the other members of the Board, who have without reward given their time to this question. He thought that both sides of the argument of legislation were right. Whereas legislators do at times that which they are forced to do, at other times they rise above prejudice, and enact that which they conscientiously feel to be right.

The meeting was brought to a close with a vote of thanks to Dr. Larocque, moved by Dr. F. W. Campbell, seconded by Dr. Henry Howard.

O. C. EDWARDS, M.D.,
Secretary.

BIRTH.

In Montreal, on the 10th February, the wife of Dr. George A. Baynes of a son.

In Montreal, on the 24th February, the wife of Dr. Alexander Proudfoot of a son.

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CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

Rotation of the Fœtal Head from Occiput Posterior to Occiput Anterior positions by Manual Interference 141

CORRESPONDENCE.

Our London letter 142

PROGRESS OF MEDICAL SCIENCE

How to Cure Fits of Sneezing, 144—Rules for the Treatment of Croup, 144—Treatment of Scabies, 145—Notes of Treatment at Hospital for Diseases of the Skin, Blackfriars, London, 145—Treatment of Cough, 146—Ozena, recent suggestions for, 147—Ear-ache, Chloroform Vapor in, 148—Clinical Lecture on Leucorrhœa, by Dr. T. Gaillard Thomas of New York, 148—Treatment of Chorea, 153—A New Method of Rectal Alimentation, 154—Transfusion with Defibrinated Blood, 156—Prevention of Mammary Abscess, 157—Treatment of Infantile Convulsions, 158—Lunar Caustic in the Treatment of Ophthalmia, 158

EDITORIAL.

PAGE

Athletic Sports, 159 — Measles in Montreal, 159 — Cook's Grand Excursion to Europe, 160—Case of Quadruplets, 160 — College of Physicians and Surgeons of the Province of Quebec, 161—Obituary, ... 161—168

Reviews 161

Medico-Chirurgical Society, of Montreal 161

Original Communications.

ROTATION OF THE FŒTAL HEAD FROM OCCIPUT POSTERIOR TO OCCIPUT ANTERIOR POSITIONS BY MANUAL INTERFERENCE.

By DR. JAMES ROSS, Toronto.

Many years ago my attention was drawn to a considerable delay which occurred in cases of natural labor, where the head of child presented, the pelvis of mother being normal, and the fœtal head of the ordinary dimensions, and in the majority of such cases I found the head of child presenting with occiput right or left posterior.

All obstetricians of experience are aware that in a natural labor, where the head of child presents occiput right or left anterior, it is in the most satisfactory position, and that the labor will in due time be completed without manual or instrumental aid, provided the pelvis of mother and head of child be of normal dimensions, and all know equally well that in many cases where the child presents occiput right or left posterior, the head will, by the expulsive effort of nature and the peculiar mechanism of the natural pelvis, rotate so as to become occiput right or left anterior, and that the labor will also be completed in due time without interference on the part of the attendant; but I find there is a considerable number of such cases (occiput right or left posterior), say five or six per cent., where rotation will not take place, or if it does, it will have done so only after a long continued effort on the part of the mother, thus causing much unnecessary suffering to her and a loss of time to the accoucheur.

In November, 1854, I first attempted to relieve a case of this kind by rotating the head from occiput left posterior to left anterior, and with success. Rotation was accomplished by passing the forefinger well up under the pubic arch, and placing it upon the right temple or rather temporal ridge of right frontal bone of child, then pressing upwards, backwards and to the right as the pains recurred, until I found the posterior fontanelle was directed towards the left acetabulum of mother, and then retained it in that position until the expulsive efforts had pressed the head well down into the pelvis. The labor then proceeded as in an ordinary occiput anterior presentation, the occiput emerging from beneath the left pubis, and was completed without any undue effort.

Since November, 1854, I have paid particular attention to these occiput posterior positions, and have, in many instances, relieved my patients in like manner.

During the period from November, 1854, to April, 1871, I attended 2,860 labors, and noted in my obstetrical record 143 cases where rotation had been performed, and since 12th of April, 1871, I have attended 2,003 labors, with similar results, but have not deemed it necessary to indicate all the cases of rotation because I

had felt satisfied as to the propriety and practicability of the procedure.

I notice that, in Dr. Zimmerman's analysis of my obstetrical record, which I have kept as accurately as it was possible to do since May, 1852, and which was published in the October number of the *Canadian Journal of Medical Sciences*, he has only given me credit for 134 cases of rotation, but upon reference to my record I find 143 cases noted, consequently I am constrained to believe that a typographical error had been committed.

Of these 143 cases of occiput posterior positions before cited 103 were right and 40 left.

Since the 28th of May, 1877 (up to which time Dr. Zimmerman's analysis extended), I have attended 255 labors, and have accurately noted the cases where rotation was accomplished, and find that there were 16 in all, 5 of which were left and 11 right posterior, thus bearing the same or nearly the same ratio of left to right as indicated in the 143 cases previously mentioned. Why the occiput right posterior should so largely predominate over the left posterior positions I am not prepared to say, and will leave it for future solution.

Various authors in obstetrics, while mentioning the rotation of the fœtal head, which frequently occurs during labor spontaneously, do not attach sufficient importance to manual assistance in order to correct the many deviations which occur in natural labor.

Dr. Meigs, who is no mean authority, speaks of the dipping of the occipital extremity of the occipito-frontal diameter and the rotation of the head so as to bring the vertex towards the pubis, and Dewees, Churchill, Playfair, Barnes, Leishman and others refer to rotation as it spontaneously occurs, but are not sufficiently explicit as to the amount or the manner of assistance which may with propriety be given to facilitate labor and ameliorate the sufferings of the parturient woman.

The head of the child being placed upon the upper end of the vertebral column as upon a pivot (its longest diameters the occipito-mental and occipito-frontal), being directed from before backwards, it is capable of considerable motion, and if in transitu, through the pelvis, the frontal extremity or pole of the occipito-frontal diameter be impeded by pressing upon the forehead with the finger or other obstacle, the occipital extremity or pole will of necessity dip down into the pelvis, causing the vertex to present itself, and if at the same time the finger be placed upon the temporal ridge of the frontal bone or in the anterior portion of temporal fossa, and carried to the right or left, the head may be placed in first or second positions as desired.

I may state, however, for the benefit of junior practitioners, that I did not succeed in every attempt to produce rotation, but where I failed, the failure was attributed either to too long delay, thus allowing the head to be pressed too far down into the pelvis and become moulded to suit the position, or to some abnormal condition of the head or pelvis. In these cases I deemed it necessary to allow nature to complete her work, or to assist her by applying the forceps.

The best time to effect rotation is either before or immediately after the liquor amni has escaped, but it may be accomplished much later, if the bones of the child's head have not become too fully ossified.

In conclusion I feel justified in stating that by thus rectifying the position of the head of the child, we can save the mother from many hours of extreme anxiety and intense suffering, and also save much time, which to physicians in active practice is often of vital importance.

Correspondence.

OUR LONDON LETTER.

LONDON, ENGLAND, March 10, 1880.

It is a pity that the friends of Dr. William Farr and the Council of the British Medical Association had not made themselves better acquainted with the facts of the appointment of Sir Brydges Henniker as Registrar General before memorializing the Prime Minister on his not having appointed Dr. Farr, as it is well known in the office that Dr. Farr had some time back applied to the Government for the superannuation on the ground of old age and infirmity; indeed, I believe as a fact that for some time past he has been so infirm as to be obliged to be helped in and out of his carriage. I remember this as another instance of "save me from my friends."

The squabble between the Medical and the Surgical Staff and the Governors of Guy's Hospital respecting the nursing is I believe in a

fair way of being settled. The staff could not, in justice to themselves, or with any regard to the dignity of the profession, allow matters to remain as they were. The nurses in a public Institution should be under the whole and sole control of the staff, without any interference from either "Lady Superintendent" or Board of Governors. There has been a painful instance of the same thing in the resignation of Dr. Humphreys of the Children's Hospital, Pendlebury, near Manchester.

The following little anecdote, which I believe to be a fact, may interest and amuse your readers.

Dr. Clémenceau, the eminent Parisian physician, is also a member of the French Legislature, and divides his attention between the political maladies of his country and the physical ailments of his patients. He is a brisk and busy man, keenly cognisant of the fact that "time is money," and the other day, while he was in attendance at his Montmartre consulting-room, two men simultaneously solicited an interview with him for the purpose of taking his advice. One of them, admitted to his presence, and asked "what was the matter with him," complained of a pain in his chest; whereupon he was ordered to take off his shirt, and Dr. Clémenceau subjected him to careful examination. Before the doctor, however, sate down to write his prescription he rang the bell, and ordered his servant to show the other patient into the consulting-room. As the latter entered the doorway, Dr. Clémenceau, without looking up from the desk at which he was writing, said to him, "Just undress yourself, too, if you will be so good. We shall save time by your doing so." Without a moment's hesitation, the second visitor proceeded to take off his clothes, and, by the time the doctor had finished writing his recipe, taken his fee, and dismissed the preceding patient, he was stripped to the waist, ready for inspection. Turning towards him, the doctor observed, "You are also suffering from pain in the chest, are you not?" "Well, no, doctor," the man replied, "I have called upon you to beg that you will recommend me to the Government for a place in the Post Office." Tableau!

The deaths of Sir Dominic Corrigan of Dublin, and Mr. Hancock of London, have left gaps in the medical profession not easily to be filled up. The latter I knew well, and a kinder or more genial being, either as a man or a surgeon, did not exist. By the way the death-rate of London has been far above the average owing to bronchial affections, chiefly caused by the abominable fogs of which we have lately had more than our share, and to which, fortunately, your delightful climate is not subject.

We have had more than the usual amount of blunders lately respecting the "drunk or dying." How is it possible for *the police* to discriminate between the effects of drunkenness and those of cerebral disturbance, induced by other causes? Until the police are compelled by Act of Parliament to call in a medical man to every case of unconsciousness, these mistakes cannot help occurring. This Act, I suppose, will never be passed until some amiable prelate or a "my Lord" meets with the fate that has overtaken so many of his less fortunate brethren.

A very interesting case of a large gall stone, which was passed per anum, was presented at the meeting of the Pathological Society on the 6th of January last. It occurred in the practice of Dr. Carr Roberts. It had been passed by a lady after her confinement. There had been only two symptoms connected with its passage: very excessive pain in the back, and constant diarrhœa of a pale yellow color. The stone measured one inch and five-eighths by an inch and an eighth, and weighed five drachms. The concretion was a true gall stone, composed of cholesterin mixed with bile pigment.

A somewhat singular death occurred in Holborn a few days ago. A laboring man went into a fried fish shop, and had a penny's worth of fish and potatoes. Next day he complained of pain in the throat, and on Friday evening went to the hospital. The surgeons endeavored to dislodge some foreign matter from the larynx. He felt relieved and went home. On Sunday night he died. Dr. Sparkes made a *post mortem* examination, and found in the bag at the under part of the heart a small hole and a small fish bone protruding. The penetration of the heart by the fish bone was the cause of death.

This case resembles in many respects the case of "Tobacco Stack," reported by me in the RECORD for October, 1879. R.

Progress of Medical Science.

HOW TO CURE FITS OF SNEEZING.

John Martin, L.K.Q.C.P.I., L.R.C.S.I., writes to the *British Medical Journal:* In the issue of the *British Medical Journal* of December 27, 1879, the above heading having attracted my attention I was very much interested to find the course of procedure recommended agrees to a certain extent, the principle being the same, with the practice I have adopted for years. Since my schoolboy days I have known that if the nostril of the affected side be stopped early enough, as by pressure with the finger on the ala nasi, there will be no sneeze. During more recent years, when I have been suffering from irritation of my schneiderian membrane so as to annoy me, I have selected out and placed a good "chamomile flower" in each nostril. I find that it not only acts as a respirator, but the flower gives off a very grateful aroma, which I consider beneficial from its soothing influence. These flowers are inexpensive, and can be obtained of all sizes. They will be found, I believe, very useful if placed lightly within the nostril. Although I have practiced this little idea for some time, I did not consider it worthy of recording till I observed the communication of Mr. S. M. Bradley in this journal. I may add that during the past autumn I was much annoyed with continuous irritation of my schneiderian membrane, to which the foregoing only gave temporary relief. After trying many things, I bethought myself of trying extract of belladonna; the small dose of half a grain of this drug produces its toxic effects on me, drying up the secretions of my feces, etc. Although it is now more than two months since I took my dose I continue free from anything unusual in this way. I may say that the irritation complained of did not amount to sneezing, but to a raw sensation on inhalation, which I found was very annoying. I was, therefore, very much pleased when I found that the irritation produced by my dose terminated in complete resolution. Should these hints be of any benefit to mankind I will be more than compensated.

RULES FOR THE TREATMENT OF CROUP.

The following rules are laid down by Dr. W. H. Day, as the result of a long experience in this disease (*Medical Press and Circular,* November 5th, 1879) :—

The temperature of the room should not be lower than 65°.

1. The vapor bath is indispensable in the treatment of croup, and should be used at the commencement in every case, and continued unremittingly until all fear of a relapse has departed.

2. All cases of croup are invariably relieved by the vapor bath, especially if the tracheal membrane is dry; when it is moist there might be fear of causing too much depression.

3. The earlier that a case comes under treatment, the greater the probability of successful termination, because it is then possible to prevent the tracheal secretion becoming organized.

4. The most trying difficulty we have to contend with in the management of croup in the catarrhal form is a relapse, because with it comes exhaustion; and the weaker the patient the less will be the chance of recovery.

5. Tartarized antimony is our sheet-anchor as a medicinal agent; not so much from any specific effect it exerts on the tracheal membrane, as from its certainty in effecting free and speedy vomiting.

6. Tartarized antimony should, however, be mainly given for the purpose of producing vomiting; that failing, it is comparatively useless, because, if continued in small doses at intervals, its depressing effect is too great.

7. When the emetic has fully operated, if there be much febrile excitement and disordered primæ viæ, which aggravate the laryngeal symptoms, a grain of calomel every four hours, or one full dose for the purpose of emptying the bowels and controlling the fever, will be found necessary. In the fibrinous form, when there is violent and acute inflammation, with a firm, hard pulse, and a full reserve of strength, two or three leeches may be applied over the thyroid cartilage, and bleeding can easily be arrested by pressure with the finger, and if need be, with cotton wool; then mercury may prove a valuable addition to the antimonial treatment. Some of my cases improved from the moment the mercury affected the bowels, the fever diminishing, and the expectoration of the false membrane being promoted. When employed in small doses at regular intervals it would appear to diminish the cohesive attachment to the mucous membrane, and to render the lymph less fibrinous and more readily absorbed.

8. When in a case of croup, seen at an early stage, and satisfactorily progressing, forty-eight hours have elapsed, we may generally augur a favorable termination; and we should then begin, if not before, to support our patients with good beef-tea, milk and arrowroot, and (it may be) a little wine and water.

If after vomiting the temperature remains high, and especially when the bowels have acted freely, minim doses of aconite every two or three hours are of great service in inflammatory croup. This keeps up a gentle diaphoretic action on the skin, diminishes tension of the pulse, and controls vascular excitement in a very striking manner. At this stage it comes

in well, because antimony should not be long continued in any of the diseases of children, and it certainly ought not to be in this disorder.

TREATMENT OF SCABIES.

In a paper in the *British Medical Journal*, October, Dr. Robert Liveing writes—

With regard to the treatment of scabies, errors sometimes occur. The one which is by far the most common I have already indicated, namely, that of using a sulphur ointment too strong, and of continuing its use too long. Of all remedies, not one is so effective as sulphur ointment properly applied. An ointment half the strength of that of the *British Pharmacopœia* is quite strong enough, and the best time to use it is at night, when it should be rubbed all over the body, except the head, but especially on the hands, buttocks and lower part of the abdomen, and then the under clothing used during the previous day, namely, socks, gloves, drawers and jersey, should be worn during the night; this thoroughly disinfects the clothes, and at the same time keeps the ointment well applied to the skin. In the morning, a warm bath may be taken, and no treatment followed during the day. For three nights the process should be repeated, but never longer; subsequently a little ointment should be well rubbed on the hands, wrists and buttocks for a few nights. All treatment should then be discontinued for at least a week, when, if necessary, it may be repeated for one or two nights, or a milder ointment might be used. It is sometimes difficult to say whether a case of scabies is cured or not; under these circumstances, it is very convenient to use an ointment which does not irritate or annoy the patient by its disagreeable smell, and which at the same time will complete the cure. A most excellent ointment of this kind is made with balsam of Peru (℥ ij ad ℥ j). The styrax ointment is also thoroughly effective, but less disagreeable.

With regard to sulphur baths, I would say that they are not nearly as effective as sulphur ointments. I lately ordered sulphur baths (as being more agreeable than ointment) for a pupil of my own who was suffering from scabies; he took six or seven, and then came to me much better, but not cured; I advised more baths, but did not see him again. He had in all about fifteen baths, and then went home to the country, thinking himself cured; unfortunately he was not, and he conveyed scabies to his family. This is not the first time that I have found sulphur baths fail. They are, however, useful under certain circumstances; it may, for example, be very inconvenient to apply sulphur ointment at night. Again, in cases where there is much secondary eczema set up, with extensive excoriations, the application of sulphur ointment is very irritating. Under these circumstances, it is very useful to begin with a few baths, which generally produce an excellent effect; this may be followed up by the application of ointment to those regions known to be specially affected.

Lastly, with regard to disinfecting outer clothes and bedding, it can be easily done by sulphur fumigation or baking. In all cases of long standing the clothes, blankets, etc., should be disinfected, but it is never necessary to extend this to the bed itself.

NOTES OF TREATMENT AT HOSPITAL FOR DISEASES OF THE SKIN, BLACKFRIARS.

The treatment of diseases of the skin is so often unsatisfactory that the following rough notes of the practice of this hospital may be interesting. The cases described were under the care of Mr. Hutchinson and Mr. Waren Tay.

Lupus Erythematosus.—Patient was a woman of about sixty-nine years of age. Her face was affected on both sides, and there had also been patches of psoriasis about the elbows. She had been attending the hospital since 1876, but the disease remained obstinate. The patient believes that the disease began after exposure to a hot sun in July, 1875. She seemed fairly nourished and stout. The erythematous and non-ulcerative characters of the lupus were well marked. The present treatment consists of the internal administration of quinine and arsenic, and the local application of a lotion of glycerine and liquor carbo detergens.

Lupus Vulgaris.—There was one case of this disease. A girl aged about nine years, who was an in-patient, had lupus of an ulcerative character attacking both alæ of the nose, and extending in the form of scrofulous ulceration to each cheek. The patient was markedly strumous. In addition to constitutional treatment, the actual cautery (Paquelin's) was to-day applied to the diseased surface.

Pustular Sycosis.—There was one case of this disease in a somewhat unhealthy-looking man. The pustules were numerous about the cheeks and chin. The local treatment ordered was the application of carbolic acid lotion, and of white precipitate ointment.

Eczema of the Leg; Chronic Ulcers of the Leg.—There were several cases, mostly of a chronic nature, of eczema, The treatment generally adopted was the application of a lotion of liquor carbo detergens (about a drachm to half a pint of water), and of the unguentum creasoti—the former ordered to be kept applied during the day, the latter to be used at night. This form of treatment is very generally successful, so that Martin's pure rubber bandages (which have been recommended in such cases) are not used here.

Mr. Hutchinson believes that the confinement of the secretion of the affected parts by these bandages might be useful in cases of old standing eczema where there is great thickening of the skin; but that its use in cases which yield readily to other treatment is not called for. Martin's bandages have been used with great benefit in several cases of chronic ulcers of the leg. They seem to be especially useful when the ulcers are large, flabby, and thick-edged; and, as Dr. Martin stated, they enable patients who are unabled to desist from their employment to walk about with comfort and without injury. In syphilitic ulcers the local treatment adopted in many cases is the application of the red mercury ointment of the Pharmacopœia.

Porrigo Capitis.—A child was brought to hospital with the entire scalp covered with a dense porriginous eruption. This disease, which might be called porriginous eczema, was generally associated, Mr. Hutchison remarked, with pediculi, as in that case. The glands at the nape of the neck were enlarged, which was not so in eczema. The secretion from the part was contagious, and the main treatment consisted of entirely getting rid of all incrustation of matter by poulticing and washing and attending strictly to cleanliness, and the use of an ointment of ammonio-chloride of mercury. With care this disease should always be got rid of in a week or two.

Psoriasis.—Among several cases of this disease one was distinguished by the smallness of the patches. These occurred about the face and neck, and were bright red in colour, and only slightly scale. The parts itched and smarted a good deal. This was in a somewhat acute stage, and the local application ordered consisted of what is called "compound petroleum ointment," and which contains, with other ingredients, chrysophanic acid (ten or five grains to the ounce). This application is somewhat irritating to the skin, and is only applicable where there is no acute inflammation. Arsenic (liquor sodæ arsenitis) was also administered internally.

Lichen Planus.—Two cases of this disease presented themselves. One was about the legs of a middle-aged man; the parts were very irritable, but had passed out of the papular stage. The other case was in an old woman whose arms were affected; there, also, the disease was dying away, but in both the pigmentation was pretty extensive. These cases were treated with arsenic internally, and tar externally, to which they almost invariably yield.

Serpiginous Eruption about Face (Syphilitic.)—A young man, about twenty-one years of age, presented himself, complaining of a swelling in his throat. He was very anæmic, and all over the face were patches of a copper-colored eruption, not unlike psoriasis in parts, but traced out in lines about a twelfth of an inch wide. These were arranged in various patterns, some being almost circular some dumb-bell-shaped, etc. The tongue was ulcerated about its middle and back parts, and there were ulcers about the tonsils. Patient thought he had contracted syphilis in France last September. A chancre had appeared on his penis about seven weeks ago, and about Christmas his face became affected. He thought his tongue had been bad for about five or six weeks. This seemed to be a case of secondary symptoms following very soon on a primary sore—whether this was dependent on the nature of the infection or on the constitution of the patient was a matter of doubt. The treatment was antisyphilitic.

Pityriasis Versicolor.—Chrysophanic acid ointment (five grains to the ounce) has been used with perfect success in the treatment of several cases of this disorder. A lotion of sulphite of soda has hitherto been the general application ordered; and, although the chrysophanic acid is effectual, it seems to offer no advantage over the sulphurous acid.

Ringworm of the Scalp.—Two children, brother and sister, attended. They had ringworm about last Easter, which remained obstinate under other treatment, but had become well under the application of chrysophanic acid ointment. The heads were ordered to be well washed several times a week with soft soap and warm water, and the hair to be kept closely cropped. Another case was associated with kerion, but was also doing well.—*Med. Times and Gazette.*

THE TREATMENT OF COUGH.

Dr. A. W. Perry says, on this subject, in the *Western Lancet:*—

Opium preparations are the surest, but they frequently disturb the stomach and bowels, and produce other undesirable effects. I prefer cannabis indica alone, and opium and belladonna combined. In all cases of ordinary bronchitis of moderate intensity the disease tends to subside rapidly without medicine. Squills, ipecac., antimony usually always disturb the stomach, producing distaste for food, nausea or vomiting, with no good effect that I ever saw.

In the early cough of phthisis it is exceeding important to give nothing which will interfere with the digestive functions. On the contrary, every means should be used to preserve and increase the digestive power, and these two indications I have found best fulfilled by the use of cannabis indica in doses of one-fourth to one-third grain, as often as required, or by inhaling the warm vapor of a mixture of ext. of conium, ten grains to one ounce of water, several times daily, through a small inhaler.

In the compounding of cough medicines the form of administration is not indifferent. In most cases of cough the whole larynx is in a state of irritation and congestion, extending to

the top surface of the epiglottis. Any cough medicine which is at all irritating provokes cough in simply passing over the epiglottis to the stomach. In using cannabis indica or larch resin, or other resins, in cough, the only liquid preparation is the tincture made with strong alcohol. I have found by experience that a syrup containing one-sixth or one-fourth of these tinctures would immediately cause a paroxysm of cough. By causing the resins cannabis indica or larch to be rubbed up with syrup and mucilage, the patient could take them without producing immediate cough. The immediate cough is due, therefore, solely to the irritating effect of the alcohol in the tinctures on the epiglottis. I often have patients tell me that taking whisky or brandy not much diluted makes them cough immediately; but when they dilute it a great deal and put in much sugar, it has no such immediate effect. This, then, teaches us that the menstruum in cough mixtures should be bland and soothing, and that we should not use tinctures. When syrups are disagreeable to the patient mucilage should be used as the vehicle.

We also see the explanation of the undoubted benefit of the homely tisanes of flaxseed, Iceland moss, etc.

The warmth of the liquid swallowed has also a very soothing effect on the upper part of the larynx. In regard to this point, a patient of mine lately told me that a very annoying spasmodec cough (due to commencing tuberculosis) hadibeen more relieved by drinking hot water frequently than by anything he had used.

A single small pellet of tough mucus in the trachea or larger bronchi will often provoke a cough paroxysm of several minutes' duration, and when, expelled, the violent stretching and shaking of the bronchial tubes and air cells have left a congestion behind which tends to perpetuate the cough. It is in cases like these that narcotics act brilliantly. Where morphia is well borne, and not much contra-indicated, I get excellent results from the use of one-twelfth as much atropia as morphia in the mixture. The atropia diminishes the tendency of the morphia to constipate and make drowsy, and in phthisical cases it stops the night sweats frequently. In children under two years old the narcotics are frequently very dangerous, and when used should be given with great care and under frequent supervision by the physician. In young children who do not know how to cough well, a slight bronchitis may result fatally, from inability to get rid of the bronchial secretion. If ipecac., antimony, lobelia, squills, have any power to increase bronchial secretion, they increase this danger in young children. In young children, cough, unless very harassing, should not be repressed by narcotics. Excessive and disproportionate cough often produces emphysema, and permanently damages the state of the lungs, leading remotely to the worst consequences—vomitting of food, and thence failure in nutrition; loss of rest; hernia; great soreness of the muscles of the chest; and in old persons, with degenerated blood vessels, a rupture is frequently produced. If cough and expectoration both are great, but in proportion, diminish the expectoration by the administration of the oil of turpentine, copaiba, quinine, sulphate of zinc, larch resin; and then use narcotics if too frequent cough persists. Where the mucus is both abundant and tenacious, the use of chlorate of potass., in 5-10 grains doses, will liquify the expectoration and thereby relieve a portion of the cough.

RECENT SUGGESTION FOR OZÆNA.

To remove the crusts, Dr. Lennox Browne, (*Medical Press and Circular*, Oct. 15,) uses—

℞. Idoformi, gr.v–viij
Ætheris, ʒ j–iss
Ung. petrolei, ʒ j
Ottar rosæ, m vj.

Dissolve the iodoform in the ether, then add the others.

For a post-nasal douche:—

℞. Ammonii chloridi,
Sodii boratis, aa gr.vi–viij
Glycerinæ, ʒ j–ij
Aquam, ad ʒ iv. M.

This amount for two douches, at 95° Fah.

For vapor inhalations, either pine oil, creasote, or benzole, in water, at 150° Fah. should be inspired by nose as well as by throat. To whichever is prescribed, *aldehyde*, in no larger proportion than one drop to each inhalation, should be added, this drug having a peculiar and quite specific effect on favoring fluid secretions in cases of inspissated mucus, and, if administered in larger doses, it is apt to produce headache or embarrassment of breathing.

In the *British Medical Journal*, Nov. 1, he gives other formulæ:—

℞. Sodii boratis, ʒ iij
Acidi salicylici, ʒ ij
Glycerinæ, ʒ ijss
Aquam, ad ʒ iij.

One or two drachms of this mixture to the half pint of water, at 95° Fah., acted quite efficiently, whether used with anterior or post-nasal douche, or as a gargle; and this form has now been used by him for any months. It has the advantage, over and above its antiseptic qualities of being not only non-irritating, nor obnoxious in taste, but, on the contrary, of being even emollient, and of agreeable flavor.

EARACHE, CHLOROFORM VAPOR.

Dr. Morgan states that he had often promptly relieved the distressing earache of children, by filling the bowl of a common new clay pipe

with cotton wool, upon which he dropped a few drops of chloroform, and inserting the stem carefully into the external canal, and adjusting his lips over the bowl, blew through the pipe forcing the chloroform vapor upon the membrana tympani.—*National Medical Review.*

A CLINICAL LECTURE ON THE TREATMENT OF LEUCORRHŒA.

By T. Gaillard Thomas, M.D.,

Professor of Gynæcology in the College of Physicians and Surgeons, New York.

(Phonographically reported for *The* (N.Y.) *Medical Record.*)

Gentlemen:—I want to make use of the cases that come before us to-day, not only to lecture upon their individual peculiarities, but to call your attention to one condition which exists to a greater or less extent in all of them, and that is leucorrhœa. You will find when you get into practice that these cases will annoy you more or less constantly, because of the difficulty in curing them. It is not with these cases as with those of phthisis, where you can assure your patient that she is improving under your treatment, and convince her of the correctness of your assertion. Here you cannot deceive her, for she has a better opportunity of deciding that question than yourself, and although you assure her that she is improving under your treatment, she is positive she is not one bit better than when she came to you—rather worse; and one of the miseries of the gynæcologist is to have some woman pestering his life, because he cannot cure her of her leucorrhœa.

I want now to refer to the several cases which I have selected for to-day's clinic. I have several times made the remark to you, that the man who does not practice surgery in gynæcology had better give up its practice entirely, for there are many cases where the use of the knife, even if it be only to a very slight degree, may effect a cure, where a prolonged course of treatment without it has entirely failed. I want to apply these remarks to some of the cases which come before us to-day, and when I speak of the use of the knife, I allude to it as a sepresentative surgical instrument; scissors, the curette, and the pessary are surgical instruments, all of great value, but I speak of the knife as the representative of all instruments necessary for the proper treatment of these cases.

Our first patient, Mrs. Julia M——, is a native of Germany; has been married eight years, and has had two children and two miscarriages. Ten months ago she had a miscarriage, which was the last time she was pregnant.

Q. "How long have you been sick, madam?"

A. "I have not been well since I was fourteen years of age, but I have been much worse during the last ten months."

Q. "Have you ever been well since your miscarriage, ten months ago?"

A. "Not entirely well."

Q. "Tell us about your sickness."

A. "Two months after my last miscarriage I had a 'period' and began to flood; this continued twenty-one days."

Q. "And what then?"

A. "You took two pieces of the after-birth from me, and it stopped."

It seems that I saw her at this time, and now I recollect the fact that it was in consultation with her physician. I was asked to see her and found her blanched, with a small, feeble pulse and very weak, for she had flooded to a dangerous degree. The uterus was very large, and the view which I took of the case was, that the patient had some portion of the fœtal shell, for it could no longer be spoken of as placenta, left in the uterus, and that this flooding was a natural consequence of its prolonged retention. With the doctor's consent I made an examination, and convinced myself of the correctness of my first suspicion. I recommended the introduction of a sponge-tent to dilate the cervical canal, which the doctor did, and on the following day I removed from the cavity of the uterus two small pieces of the fœtal shell, each about the size of the distal phalanx of my index finger, and one day later the hemorrhage ceased.

Q. "Have you been well since that time?"

A. "Not entirely, for I have pain through my bowels, and am troubled a great deal with the whites."

We made an examination of this patient to-day, of course, and let me show you, upon the manikin, what I found. The uterus was quite large, something like the one I now place in position upon our model, and dragged down upon its supports so that the cervix had descended into the pelvis lower than it ought to be; and it is this condition which has caused our patient the pain and dragging sensation through her abdomen. Our patient says she has leucorrhœa, and now we want to talk of the method of curing leucorrhœa in her case. When I saw this case, eight months ago, there was no question about the loss of a large amount of blood. Her condition was a precarious one, and my attention, at that time, was directed to giving immediate relief. After I removed these fœtal-shell masses with a large curette, the hemorrhage ceased the next day, and I heard nothing further of the case. Since that time her menstrual periods have been, she now tells me, of only about two and a half days' duration. The uterus still remains large, swollen, tender, and heavy, and lower in the pelvis than normal.

Now, what is the case of it? This condition of the uterus is unquestionably the cause of the leucorrhœa, and the condition consists in what is commonly called subinvolution of the uterus; that is to say, the uterus has never returned to its original size since the miscarriage which occurred ten months ago. Now, what stopped involution of the uterus? Unquestionably the retention of these masses of placenta; there was no laceration of the cervix. These masses were retained in the cavity of the uterus for two months before any hemorrhage occurred. Their presence served to keep up a condition of passive congestion or subinvolution of the uterus, and this subinvolution affected not only the parenchyma of the organ, but also, as usual, the lining membrane became deranged, and in consequence thereof we have had a leucorrhœal discharge ever since. I believe if this patient were only put upon uterine and vaginal injections, it would be a long time before the leucorrhœal discharge was arrested; and it is very questionable whether she could ever be entirely cured by this means. But if we take this view of the case, that, owing to the presence of retained masses of the placenta, involution was prevented, thus giving rise to changes in the uterine tissue, and derangement of the mucous membrane, our treatment will be more intelligent and successful. I believe that this leucorrhœa could be rapidly checked by passing a curette up to the fundus, either after or before dilatation of the cervix (I do not think this case would require dilatation), and drawing it gently over both walls of the uterus. This process would probably result in displacing ten or twenty little growths over the lining membrane of the uterus, that is, fungoid growths, which being removed, the leucorrhœa would rapidly disappear. Now, you might ask the question, and it would be a very pertinent question, Why do we not have flooding if these fungoid growths are present? I answer, they may remain there a long time without the occurrence of hemorrhage, but hemorrhage is likely to occur at any time. This patient tells us that she carried two pieces of placenta in her uterus for two months, after her miscarriage, before any hemorrhage occurred, and in her present condition we may have hemorrhage coming on at any time. The point I wish to make is this, that in many cases of leucorrhœa you will accomplish more by one application of a dull wire over the lining membrane of the uterus, thus removing these little growths which keep up a flux of blood to the endometrium, than you could by any other plan of treatment. If this patient were under my care I would pass a curette cautiously and gently, but with sufficient force, to dislodge any of these fungoid growths on the inner wall of the uterus. After this I would keep her quietly in bed for forty-eight or fifty-six hours, watching her condition as to the occurrence of pain or increased temperature. After this I would support the uterus by means of a pessary, and why? Because it would be getting lower and lower in the cavity of the pelvis whenever the patient went about her work; or, if she were a lady of leisure, the same thing would occur when taking the necessary exercise for her health. Consequently, I would put the uterus in a sling to relieve the pain due to downward traction, and to diminish the congestion of the uterus by preventing its dragging upon the ligaments which contain its blood-vessels. Having removed the cause of the abnormal condition of the lining membrane of the uterus, I would put her upon ergot or viscum album. This viscum album I have been using considerably of late, and find it very efficacious in many of these cases. I would employ it in the form of the fluid extract, for the purpose of making tonic contraction of the uterus. If this did not work, or if it disagreed with the patient, I would give twenty-drop doses, three times a day, of Squibb's fluid extract of ergot, and, I believe, by this means, gradually the subinvolution would be removed, and her leucorrhœa would soon disappear.

Our next patient is Mrs. Catharine M.B——, a native of the United States, forty-nine years of age; has been married twenty-five years, and has had one child, but no miscarriages; her child is fifteen years of age.

Q. "How long have you been sick, Mrs. B—— ?"

A. "I have never been well since the birth of my child."

Q. "How have you been complaining during the last fifteen years?"

A. "I have pain in my back and in my groins; am very nervous, and cannot sleep."

Q. "Anything else?"

A. "I perspire a great deal."

You see, gentlemen, she looks very pallid.

Q. "How about your menstrual periods—have they stopped?"

A. "Yes, sir, some years ago."

Upon feeling of her pulse, I find it excessively weak. She looks like a woman who has some serious organic disease, some pulmonary or renal disease, or something of the kind. She looks older than a woman of forty-nine years. She suffers from leucorrhœa. I have picked the cases which I present to you to-day, so as to call out the treatment of leucorrhœa. If you are going to cure cases of leucorrhœa—and these cases will follow you throughout your practice as gynæcologists—you must persist in trying to get at the cause of each case; and although this will not be possible in many instances, and you will find cases which will baffle all treatment, nevertheless it is the plan to be adopted as offering a clearer insight into the pathology of this class of cases. Now, what is it that is impoverishing this patient's blood?

Very likely the leucorrhœa has a great deal to do with it. The leucorrhœal discharge continues, although she has passed her menopause. She is thus losing a large quantity of the albuminous portions of her blood, in consequence of which her nervous system has become depressed. Her appetite is poor, and although I have not inquired in regard to her bill of fare, I think it is not a very prolific one.

Q. "What do you eat for breakfast?"

A. "I do not feel like eating much in the morning. I usually take a little bread and butter, with perhaps some preserves and coffee."

Q. "When do you eat your next meal, and of what does it consist?"

A. "I usually do not get hungry before three o'clock in the afternoon, and then I generally eat a small piece of beefsteak, together with bread and some vegetables, as canned corn, turnips, or potatoes."

Q. "When do you take your next meal?"

A. "I do not dare to eat much at night; I usually take a cup of tea, together with bread and butter, and some sort of sauce."

Q. "And is this a fair specimen of your daily diet?"

A. "Yes, sir."

Well, gentlemen, I have nothing to say about that bill of fare, other than I think every student of medicine, after graduating and before entering upon practice, should be kept upon it about two weeks, so as to impress upon his mind how these patients are kept sick. Just compare that bill of fare with what a man in active life eats; compare it with what an ordinary woman in active life should eat. You must remember that in this country this system of starvation is more general than in any other country. If you were to travel in England you would find no such bills of fare as this. The people there eat four or five meals a day, and of the most nutritious food, drinking a great deal of beer and wine.

Q. "What wine do you drink?"

A. "I do not take any stimulants whatever."

Now, the Americans, I think, have the misfortune of being the most temperate people in the world. The laboring classes do not take enough food and drink to sustain them in a condition of health. I am talking of a class, and not of the exceptions. The diet of American women, as a class, you will find is fairly illustrated in the case before you. You know we read of the rosy-cheeked, strong, and buxom country maiden, so frequently described by old English writers; but go into the farming districts in America, and do we find them? Not a bit of it. They live upon the same kind of fare as this patient, and in our country homes you will find women pale, lank, and showing absolute want of nourishment. Remember, I am not speaking as a reformer, but as a physician. If you want to cure these patients, you will have to commence in the kitchen, and make them eat more food, and of a more nutritious nature. Unquestionably, one of the strongest points in favor of the "rest cure," introduced by Weir Mitchell, of Philadelphia, is, that these patients are fed every two hours. They all go there more or less starved; but, should one come there not in a starved condition, Dr. Mitchell would not submit them to this plan of treatment. One who is starved, immediately begins to improve under this course of treatment. But we have another element to consider in our present patient's case, and that is starvation due to loss of albuminous portions of the blood by this leucorrhœal discharge. I wish to impress upon your minds that one of the most important elements of treatment here is to feed this woman properly. If her diet were changed, and she were to eat fresh meat three times a day, together with other food, and between these meals take a tumbler of fresh milk, thus making six meals a day, if she were given iron, bitter tonics, beer, and ale, in addition to all this, we would find our patient changed entirely for the better in one month. This system of feeding up is what improves patients largely in our well-regulated hospitals. Very often the improvement in hospital patients is considered by the attending physician as due to the administration of remedies which he has recommended, when in reality it is owing to improved nutrition. I have not time to go into details concerning the diet of these patients, but I have told you enough to make you think for yourselves.

We must stop this leucorrhœal discharge; but how are we to stop it? Look at this patient and tell her that she is suffering from anæmia or spanæmia, and put her upon iron, quinine, and good diet, and send her away, at the same time telling her to avoid all local treatment. That is all nonsense, as hundreds of medical men who are to-day talking in this ridiculous way to their patients, follow that plan, and this patient will never get well, for you are pouring water into the mouth of a hogshead and leaving a spigot open below. As long as you allow this constant leakage of the albuminous portions of the blood, your tonics and nourishing food will fail to effect a cure. Now, let me tell you the result of my examination. I placed the patient upon her back, passed my finger up the vagina, and at once discovered a polypus hanging from the mouth of the womb. Iron and quinine will not remove that polypus nearly as well as a pair of scissors. If that polypus were snipped off now with a pair of scissors, we would be removing the cause of the discharge. It is called a cervical polypus, and is attached at the os internum. I suppose that polypus has been there fifteen years, or at least for several years —that is, I think it highly probable, for the

leucorrhœal discharge has existed fifteen years' and there is nothing else the matter with this woman's genital organs. If that polypus were removed, the leucorrhœa would be removed, and she would not lose so much of the albumen of the blood every day. This little mass is constantly moving like the clapper of a bell, and every time she gets up, every time she respires, it is rubbing against the endometrial wall. This polypus ought to be removed, and the patient ought to be treated in a general way. By so doing, I believe, as in the case which preceded, she might be entirely cured. You can scarcely believe that this is all that is the matter with the patient, nor can I; but I do believe it, just as you believe it. Very often the physician is inclined to overlook a little thing like this, just as the leper of old was inclined to overlook the river Jordan as a means of becoming purified.

As I was going to say, suppose I remove that polypus, and suppose I cure the leucorrhœa, then I will have accomplished what the patient desires, and afterward I can repair the damage which has been done her system, not only by this, but by diet and tonics.

Our next patient comes to us from a distance. Mrs. Caroline R——, a native of the United States, has been married nineteen years and borne nine children, and has had one miscarriage, which occured at her last pregnancy, a year ago, since which time she has not been well.

Q. "What is the matter with you, madam?"

A. "For a year I have felt as if there was something wrong here in my left side."

She tells us that after her miscarriage a year ago, she had a flooding which prostrated her very much, and when she got up from this she lifted a heavy stove, and as she did so she felt something give way. To this she attributes the dragging sensation which she has experienced in her left side ever since. She says she feels very weak; that she has considerable pain, and that her bowels are constipated. You observe that this patient seems emaciated. She says she has been thin for several years, but never so much so as within the last year. Of course I at once proposed an examination, and found the vaginal canal bathed with leucorrhœa. You may say, do all these cases have leucorrhœa? Many of them do, but I have intentionally brought these cases before you to-day to impress upon your minds the fact that that condition which gives rise to leucorrhœa, and in consequence of which we have a flux of blood to the lining membrane of the uterus, can often be relieved by surgery. Upon examination, I found that the uterus had descended so as to project into the lower part of the vaginal canal, and this explains why she experiences a dragging sensation in her left side, but why it is confined to the left side I do not know; probably because one of the broad ligaments is more sensitive to pain than the other, but why more sensitive I do not know. But now, to go a little farther: passing my finger up to the cervix, I found it torn to a little extent upon one side, and the mucous lining everted. Leucorrhœal material was pouring out of the uterus itself; it was not at all vaginal. The patient is very uncomfortable, very much run down, and this constant leucorrhœal discharge is sapping her strength. I will not stop to go over her bill of fare, but, from my knowledge of these cases, I am willing to take it for granted that it is about the same as in the other instance. Looking at her face, one would say she is certainly not a well-nourished person. In regard to this symptom, which is constantly robbing the blood of important elements, put this patient upon iron, quinine, and a good diet, together with vaginal injections, and send her home. Three years hence, if you see and ask her how she is, she will tell you she is a good deal better, but you did not cure her of the whites, and why? Because you have not touched that part of her case at all. Now, as in the first case, where the cause of the continuance of the leucorrhœal discharge, that is, fungosities upon the endometrium, with subinvolution of the uterus, was different from the cause which prevailed in the second case, namely, a polypoid growth in the cervical canal, so in this case there is an entirely different cause from that in either of the preceding cases, and that is ectropion of the lining membrane of the organ. If you will absorb the idea that to be a good gynæcologist you must be something of a surgeon, and if in this case you will simply snip this ectropion on each side and turn in the edges of the mucous membrane, you will cure this patient of leucorrhœa within two weeks after the operation, or certainly within four: not by any other treatment, but simply by removing the cause of the leucorrhœa, which, as I have already stated, is a slight laceration with ectropion. But when this is removed, will the patient be well? Not by any means. The vagina is lax, the perinæum is worthless and in a state of subinvolution. The traction on the posterior walls of the vagina may be overcome by means of a pessary, and a great deal can be done by the use of astringent vaginal injections, thus keeping the vaginal walls contracted. But repair of the perinæum will do more toward the cure of the case than anything else that could be done.

Our next patient is Miss Julia B——, who comes to our clinic to-day in company with her mother and aunt. She is a native of the United States, and is unmarried. She has been sick for six months.

Q. "Will you tell me whether you were in good health up to six months ago, miss?"

A. "Yes, sir, I was."

Q. "How have you complained during the last six months?"

A. "I have had a severe headache."

Q. "And how about your monthly sickness?"

A. "I have not had my periods for six months."

She tells us that she is troubled with backache and occasional rushes of blood to the head. She has also had the whites for a considerable time. Gentlemen, the case is before you; I will not add to the symptoms. Now, let us suppose you were in your office, not in the lecture-room of the College of Physicians and Surgeons, and just beginning practice, say next April or May. It is very important that you do full justice to all your cases, and equally important that you do justice to yourselves. The diagnosis here is very important, of course, and you have to be exceedingly careful to arrive at a correct one for many reasons. In the first place, you may, by not doing so, damage your patient, and in the second place, by not arriving at a correct diagnosis, you would fail to cure the patient now before you. When a patient with a history like this presents, of course certain thoughts pass through your mind. One would perhaps be, is this a case of amenorrhœa occurring in a young woman otherwise healthy—amenorrhœa from some unknown cause, perhaps from some nervous state; and this amenorrhœa would perfectly account for her symptoms—the rush of blood to her head and backache, which is increased in severity at those times when she ought to menstruate, etc.? Well, you may accept this theory, but be careful how you act upon it. I proposed a more thorough investigation in this case, and the patient at once consented to an examination into the condition of the pelvic organs. I discovered an abdominal enlargement extending up to the umbilicus. In some cases of amenorrhœa you will find abdominal enlargements, and these are most commonly in hysterical patients, and hysterical patients almost always have tympanitis; so there is nothing remarkable about the fact that an abdominal enlargement exists. I proceeded to investigate farther, and placed one hand upon the surface of the abdomen, and with the other percussed, expecting to get a drum-like sound, but I did not. The sound elicited was of something solid, and so I said to myself, this is not hysterical tympanitis, for there is no drum-like resonance. At once vaginal touch was practised, and the cervix discovered to be soft, with the os dilated. Now, other diagnoses presented themselves to view, and I began to feel that it was one of those cases in which a mistake would be particularly disadvantageous both to patient and physician. In your office it would be much more so than here at a college clinic. Is there any way by which we can arrive at a certain diagnosis in this case? She has been amenorrhœic for six months, and the best way of arriving at a correct diagnosis under these circumstances is to place your finger upon the anterior wall of the uterus, just above the os internum, and push upward, and if you feel a round hard mass lifting itself up and dropping upon your finger, then you can be almost absolutely certain of your diagnosis, because there is only one other condition which gives you this, namely, abdominal dropsy, with a small fibroid rolling around in the abdominal cavity, which, when you press it up, rolls about and drops upon your finger. I have had two cases of this kind in my own experience. Cazeaux declares he has seen a case of an anteflexed uterus giving this sign. I have never seen such a case. Examination of the cervix revealed softness and enlargement of the canal, and, in addition, we have the usual mammary and gastric signs, and our diagnosis is complete. (Exit patient, mother, and aunt.)

I have tried to deal as much as possible in technical terms while speaking of this case, so as not to embarrass the patient, or her mother and aunt. The young woman is six months pregnant, and is just as innocent of the knowledge as you were when she came into the room, and she is still the same way, for all that I have said is as Hebrew to her, her mother, and aunt. I am as sure that there is a fœtus in the uterus of that young woman as I am that there are a certain number of gentlemen on the benches in this room, and that that fœtus is about six months old. Without expecting a confession, at my request, after the girl went out, Dr. Hunter told her that she was pregnant, and asked her if she had been exposed, to which she replied, yes. She is a *rara avis*, she tells the truth! You remember I told you you would have to be very careful how you announced your diagnosis in such a case as this. You are sitting in your office, and you are just about as sure of your diagnosis as I am of mine, and perhaps it is one of the first you have made, and on that account you are all the more anxious to announce it; but be careful how you do, for in all probability your patient will assume to get excessively angry, and denounce you as an unjust accuser; her father, mother, and all her relatives will do the same; they will take it as a matter of personal insult. They will do this when they know you are telling the truth. The girl will be spirited away for two months or so, and when she returns she will come back to you and will tell you that you made a horrible mistake, and nearly ruined the family; that she has been examined by other physicians, perhaps by some in your own town, who will rather be delighted with the opportunity of saying that she is not pregnant. This may be so now, but she was pregnant when you examined her. Beware of it! The case we have seen to-day is a rare exception to the general rule, for you will find ninety-nine women out of every hundred will swear to the very last that they know nothing

of the matter. One of these cases came under my notice some years ago. I made a diagnosis of pregnancy in a young woman from the lower walks of life, but she declared that it was preposterous, that it was not possible for anything of the sort to exist, as she had not been exposed in any way. She was so violent in her assertions that I accused her falsely, that I felt it my duty to defend my position. At my instigation she entered Bellevue Hospital, and when she was confined I was present and delivered her. When the child was born, and while yet attached to the placenta by the cord, I said to her, "Do you confess? She replied, "No, I do not; you put that child there."

Now, gentlemen, as physicians you must protect yourselves as well as possible against the occurrence of such complications as I have just detailed. You may ask how is this to be done? It is a little difficult to answer; but I would say, if you are a beginner, and cannot stand upon your own merits in the case, it would be best, before announcing your diagnosis, to have a consultation, and commit some other man to the same diagnosis to which you have been committed. By so doing you will fortify yourself against attacks which would otherwise prove damaging to your professional reputation.

ON THE TREATMENT OF CHOREA.

By Dr. W. H. Day, Physician to the Samaritan Hospital for Women and Children.

With regard to the treatment of chorea, rest in bed is the first and most important step to observe. In many cases drugs exert only a secondary influence, rest, warmth, and proper food being all that are required; but the class is by no means small in which iron, quinine, arsenic, phosphorus, and strychnia fail as remedial agents. I have given sixteen drachms of the succus conii in twenty-four hours, to a girl ten years of age, without producing dimness of vision or dilatation of the pupil; indeed, the patient was no more affected than if she had taken water only.

Chloral hydrate has been recommended in large doses in violent chorea. The principle of treatment was to give thirty grains, and to repeat the dose, or half of it, if the patient did not obtain ten hours' sound sleep in the twenty-four. On waking, a second dose was given in proportion to the ascertained effect, but always less than the first. On waking again another dose less than the second, and so on till the amount of sleep had been obtained, when the chloral was discontinued till the next night. Of two patients so treated, aged eighteen and twenty, one was completely cured in one day, and the other on the fourth day. In a case of acute chorea in a girl of nine, I found that five grains given every night produced tranquil sleep, and it was unnecessary to continue the drug beyond a week. In another case a girl, thirteen years of age, suffering from most severe chorea, began to take ten grains every four hours on admission, as she was much exhausted, and the mother stated she had not slept for a week. In the first twenty-four hours after commencing the drug she did not obtain more than two hours' sleep; then it was given every two hours. After following this treatment for another twenty-four hours, my report says, the effect of the chloral has been to induce sleep for ten minutes at a time, but the least noise woke her. The effect has also been to raise a small weak pulse from 60 to 72 and 76 per minute, and the respirations to 20. Towards the close of the day her sleep became so sound that the eyelids could be moved upwards and downwards for some seconds before reflex action was excited; then she would screw up the eyelids, and relapse into sound and heavy sleep for an hour. The remedy was gradually discontinued as natural sleep returned, and the cure was completed by large doses of sulphate of zinc.

There can be no question whatever that hydrate of chloral is a valuable remedy in some cases of chorea, particularly in those where vascular excitement is present and the pulse is good. Dr. Althaus considers that the theory of chorea is explained by active hyperæmia of the corpora striata and the parts surrounding the fissure of Sylvius, and that the beneficial action of hydrate of chloral is to be attributed to the anæmia which it produces in the structures. Its danger as a depressant is nothing compared to the repose and rest which it ensures to the nervous system, lessening as it does in suitable doses the extreme agitation of the limbs, and the violence of the choreic movements. Sleep so obtained gives the necessary time for repair to the over-excited parts, and will be found to succeed when the morphia yields no result.

Dr. Drummond, of Newcastle-on-Tyne, cured an obstinate case of chorea, in a girl seven years of age, by the subcutaneous injection of *curara*. He commenced with an aqueous solution of gr. 1-40 for two days, increasing the dose on the third day to gr. 1-20, and the next day to gr. 1-10, on the fifth day to gr. 1-8, and on the sixth day gr. 1-5, by which time the patient had recovered complete power over the voluntary muscles. Two days later gr. 1-4 was administered, and there was no return. (*Brit. Medical Journal*, June 15, 1878, p. 857.) In a chronic case of chorea which was admitted into the Samaritan Hospital, under my care, in October, 1878, I determined to try the effect of curara. The patient was a girl eleven years of age, and had been under my care on three previous occasions with the same disease. There

was incessant agitation of the arms and legs, and it was necessary to keep her in bed. The heart's action was rather excited and thumping, and there was a soft systolic bruit over the apex. After taking hypophosphite of soda and iron, as well as cod-liver oil, she was not manifestly better, and any excitement or conversation would make her very fidgety and increase the muscular movements.

On the 15th of October I injected into the right forearm gr. 1-60 of curara with the following effect:—

16th. Ten a.m., no effect; 11 a.m., gr. 1-40 injected; 2-30 p.m., no change, pulse 72, gr. 1-30 injected; 6.45, since the injection she has been much quieter and is lying perfectly still, with complete command over the limbs; pulse 80, inclined to sleep.

17th. She passed an excellent night, and slept better than she had done for some time and past, but agitation was returning in the arms, I now injected gr. 1-20 at 10.45; at 6.45, as there was no further improvement, I injected gr. 1-10.

20th. No injection used to-day, but after 2 p.m. the limbs became more agitated, and the facial muscles were more active.

21st. The mouth, hands, and legs were in greater motion. The effect of the curara has been to keep her quiet for twenty-four hours, and then it has passed off.

I must admit that this drug fully answered my expectations, and I should be disposed to employ it again when the agitation is great, because it controlled the movements, and caused neither headache, sickness, nor any unpleasant symptoms. One difficulty is the alarm which the injection causes. Lastly, I should like to say a few words about *sulphate of zinc*, and what I have noticed concerning its action. Small doses are sometimes utterly useless, when large doses succeed; and if it is determined to try the remedy at all, it should not be set aside till the latter have had a fair trial. I have given this drug in doses of from one to five grains three times a day, and continued it for a week without producing any effects, and the remedy has so repeatedly disappointed me that for some time I ceased to employ it. This most likely arose from giving it in too small a dose. Sir T. Watson gave it successfully in ten-grain doses three times a day, in a severe case which had resisted othe remedies. There can be no doubt that zinc sometimes succeeds where iron and other remedies fail. In prescribing it, the dose should not exceed a grain three times a day to begin with, and should be gradually increased till there is nausea, or an amelioration of the symptoms. In a chronic case which was temporarily relieved by the hypodermic injection of curara, I began with two-grain doses twice a day, increasing the dose daily, till on the ninth day the patient was taking 18 grains. For the first time this controlled the muscular agitation, improved her voice and appearance, and caused no sickness. On the tenth day, she took twenty grains three times a day, and on the twelfth day forty grains twice a day, without causing the least unpleasant symptom. The heart on admission was rather unsteady, with a soft apex bruit, which I attributed to debility, it was now quiet and regular, and the murmur had entirely disappeared. In another similar case no benefit resulted from large doses of sulphate of zinc, and the patient only became slightly sick when taking ninety-six grains daily in three doses.

I must urge, in conclusion, that the more we look at chorea from the neurosal side, the more we realize its origin in anæmia, debility, and all sources of exhaustion, the more successfully shall we be able to control and to cure it. I believe that a blind credulity in its rheumatic origin, of which we still hear so much, is a serious mistake to entertain, because it induces us to overlook a cause of far greater frequency, and leads to a line of treatment which I have satisfied myself on several occasions has further tended to impoverish the blood and aggravate the irritability of the nervous system.—*Dublin Medical Press and Circular.*

A NEW METHOD OF RECTAL ALIMENTATION.

By F. E. Stewart, Ph.G., M.D., New York.

In my article published in *New Remedies*, Vol. VIII., No. 12, entitled "A New Method of Rectal Medication," calling attention to rectal (gelatin) capsules, and the oleates of the alkaloids per rectum, the absorbent power of the intestinal mucous membrane was quite fully discussed. Advantage has long been taken of this power for the purpose of alimentation as well as medication, and although the rectum as an absorbing surface is inferior to the stomach, and for obvious reasons not fitted to take its place as the organ of digestion, still this power of taking up food is of great importance when for any cause the stomach is incapable of performing its function.

For alimentation the rectum can be resorted to as an auxiliary organ to the stomach, or it can be used for a time as a substitute for it, in supplying the system with food. It is to the former we wish to call attention, and to desiccated defibrinated blood as an agent especially adapted for rectum alimentation.

But, before proceeding, an explanation is necessary. For more than a year past the writer has been experimenting with defibrinated blood as an aliment in disease. The subject was suggested by the popular idea that warm, fresh, defibrinated blood, quaffed at the butcher's shambles, is remedial in consumption and other wasting diseases. Investigation of this singular practice certainly does show that

many cases are remarkably benefited by it. This, of course, can be accounted for in many ways without referring it to the blood—the healthy outdoor exercise of a walk, or ride, to the abattoir, or diversion of the mind by so novel a remedy—but it cannot be denied that defibrinated blood is rich in the elements of nutrition, and the resulting benefit of its use is out of proportion to the novelty of the medicine, or healthy exercise in obtaining it.

To utilize, therefore, what appeared to be a valuable product, a process was devised for drying it quickly to prevent decomposition, and at a low heat. After shipping a large invoice of this desiccated blood to Detroit, to be used as an aliment, I discovered that Dr. A. H. Smith, physician to St. Luke's Hospital, New York City, was also at work with defibrinated blood, and had proved its therapeutic worth in more than sixty cases. At my request, Dr. Smith substituted the dried article at St. Luke's, where it is now on trial and appears to be of equal worth to the blood before preparation.

This, then, will explain the reason why desiccated blood is brought to the notice of the profession as a new article for rectal alimentation.

There are three ways by which blood can be introduced into the system—per orem, by transfusion, and per rectum. The last named seems, for many reasons, the least objectionable. Naturally enough, drinking blood is disgusting to patients. Transfusion, even in the most careful hands, is not devoid of danger. But injection per rectum is an easy and safe operation, which can be frequently repeated without risk of injury.

Blood per rectum has also the advantage possessed by transfusion of not being subject to the changes incident to the process of digestion.

Various articles are used for rectal alimentation—milk, albumen, and lately albuminose has been recommended. To be of any use to the system they must be taken into the circulation, converted into blood, or else substituted for it. Blood is the product of digestion, and it is supposed that before food can be converted into blood, the saliva, gastric, pancreatic, and intestinal juices and bile must perform their action, absorption must take place, and, finally, that wonderful, vital constructive process by which the corpuscules are made, and the blood is fitted to perform its part in nutrition. If this be all true, blood cannot be manufactured from these articles when injected into the rectum, and their beneficial effect must be accounted for in some other way. It would seem, therefore, that blood itself, for rectal alimentation, if absorbed, would be more suitable to meet the wants of the system.

Blood is the food and air of the tissues. As it is the province of the vegetable world to convert the elements of surrounding nature into organic forms fitted for food, so it is the province of digestion to convert food into blood to feed the vital organs. Blood is therefore called the *vital fluid or the life*, and its presence in the vital organs is indispensable to their function. Only a momentary arrest from the brain results in syncope, or fainting away, and any organ deprived of it soon loses functional activity. Supplies for the growth and repair of the whole body are in the blood. Blood is but the body in a liquid state. Being, therefore, perfectly adapted to build and construct tissues, and indispensable to life, its administration would seem to be indicated when tissues are wasted and life is threatened by disease.

Like other vital organs, the nerves depend directly on the blood for their functional activity, and deprivation results in morbid phenomena. Close physiological relations exist between the red globules of the blood and the healthy life of the nerves. This relation is probably between the hemoglobine—the red coloring matter of the blood, which forms the principal substance of which the red globules are composed (about 25 to 30 per cent. of their weight, or 86 per cent. of their solid ingredients)—and the nerves. A morbid diminution of the red globules is designated anæmia. As the action of every organ in the body depends upon the nerves, it naturally follows that if they be impaired there is a general deficiency of functional energy. All the vital functions are languidly performed. The action of the heart is feeble, and easily disturbed. Mental energy, strength of will, and purpose, are diminished. Neither can the action of impaired nerves on the secretory organs manufacture healthy digestive fluids for the preparation of food to be converted into healthy blood, so necessary for nerve supply. Then, too, the brain sympathizes in this condition, and the mind, becoming affected, in turn reacts on the nerves to increase the disorder.

Nutrition is directly under nerve control. Every secreting cell, every absorbing villi, the inherent power of each tissue to select from the blood appropriate matter for its repair, even the muscles for respiration, are supplied by artery and vein, with nerve to guide their action, for the purpose of furnishing them with blood, to be used for building new tissue, and to impart nerve-force to repair that lost in the exercise of their functions.

Desiccated bloood is therefore suggested for rectal alimentation, when the life-powers are threatened by asthenia, due either to loss of blood, loss of nerve-power, or to both. It is indicated in all cases where, for any reason, digestion is impaired, in cachectic states from special constitutional poisons, and in all cases when impaired blood, nerves, or digestion give rise to the anæmic condition, with its resulting general debility, hypochondriasis, or other functional disorder.

It is hardly reasonable to infer, and clinical experience does not justify us in believing, that blood is absorbed from the rectum without a breaking down of the corpuscles; but there are good reasons to suppose that it enters the system without marked chemical change, and it has been satisfactorily proved by Dr. Smith, and other scientific physicians, that its use is remarkably beneficial to patients. How much this is due to the hemoglobine and its action on the nerves, remains an interesting matter to determine.

Blood for rectal alimentation must be from healthy animals. Inflammatory blood from diseased cattle will not do, or blood from animals fatigued from long journeys. None but powerful, vigorous bullocks, fed and rested until the heart's action regains its accustomed tone, should be selected for this purpose.

Killing must be done in a manner to secure healthy blood. This can be accomplished only by bleeding to death. Striking on the head, or n any other way causing death from apnœa, prevents a proper arterialization of the blood. Blood from animals killed in this manner, or the inflammatory blood from diseased cattle, is unfit for use in the arts, and therefore must be too imperfect for employment in therapeutics.

Great care also must be taken in the preparation, due attention being paid to all chemical and vital phenomena. Long exposure to the air in a fluid condition, or too high heat, not only decomposes, but devitalizes it, and if the heat be raised to 160° F., coagulates the abumen. No heat above 110° F. should be used in the drying of blood, and the process should be as instantaneous as possible, and without agitation.

Desiccated blood, as thus prepared, is completely and readily soluble in water at all temperatures below 160° F., and contains all the elements of blood, except water and fibrin. The loss of the latter does not seem to impair its nutritive value, being but a very small proportion of the nitrogenous constituents of the blood.

A little more than a drachm of the dried rticle is necessary to represent a fluid ounce of ablood of ordinary specific gravity, but it is sufficient to remember, in using, to employ a drachm to the ounce of water. To dissolve, it should be thrown into water, and allowed to stand until albumen becomes perfectly soft, to prevent sticking to stirring-rod or dish. Gentle agitation will then convert it into a perfectly homogeneous fluid, closely resembling fresh blood. It is a very difficult matter to dissolve dried blood by pouring water upon it, for it immediately adheres together in lumps, and sticks to everything brought into contact with it.

From four to six drachms of the powder daily, or more, is the dose, which may be given at once, at bed-time, or in divided portions during the day, as circumstances seem to require.

If a greater amount than can be absorbed be injected at once, and decomposition result therefrom, it is advised to wash out the rectum with tepid water before continuing the medication.

For further information on this subject, the reader is referred to Dr. Smith's paper, read before the New York Academy of Medicine, to his paper before the Therapeutical Society, and to the minutes of these respective societies for their action in the matter.

The *Medical Record* and *New York Journal* have reported on these papers, and are also referred to as containing very nearly as full information.—*N. Y. Medical Record.*

TRANSFUSION WITH DEFIBRINATED BLOOD.

To the Editor of *The New York Medical Record.*

Sir:—The interest awakened by the successful employment of defibrinated blood, *per rectum* as a valuable auxiliary in the treatment of disease, leads me to call attention to the experiments of Prof. Ponfick,* which have not been recorded, to my knowledge, in any of our journals, and which seem to open a new sphere of usefulness for this agent. I allude to the intraperitoneal injections of defibrinated blood, which Prof. Ponfick ranks as a simple and effective method of transfusion, devoid of the difficulties and dangers attending the ordinary procedure of transferring the blood directly from one person to another.

For some years back Prof. Ponfick, by way of experiment, had been injecting defibrinated blood into the peritoneal cavity of dogs, and noticed that the reaction following was hardly perceptible, while the absorption of the injected fluid was exceedingly rapid. Encouraged by these uniformly favorable results, he has lately employed this novel method of transfusion in three patients with perfect success, the only phenomena following the operation being a slight febrile movement and abdominal pain, both of very short duration. The quantity injected was 250 grammes in the first case, 350 in the second, and 220 in the third patient, and Prof. P. thinks that a larger quantity of blood can be introduced without any strain on the heart, lungs, or brain, owing to the gradual manner in which the absorption of the defibrinated blood is effected.

The apparatus employed is identical with that used by Prof. Thomas for intra-venous injection of milk, and the whole procedure consists in the introduction of the canula through the abdominal walls into the peritoneal cavity, and then allowing the required quantity of blood to flow in.

Should further experience with a larger number of cases be productive of the same happy

results obtained by Ponfick, and the direct entrance of the injected blood into the circulation be established by ascertainiug the quantity of red corpuscles in the patient's blood before and after the injection, this simple method of transfusion, requiring only ordinary skill for its performance, can be applied to many others than extreme and desperate cases, and defibrinated blood will fulfil an indication not second in importance to that of supplementary retal alimentation, which, until now, it has so admirably served.

A. B. De Luna, M.D.

368 West Thirty-second Street.

* Med.-Chir. Rundschau, and Rev. de Med. y Cirugia de Madrid, Dec., 1879.

THE PREVENTION OF MAMMARY ABSCESS.

In the Edinburgh *Medical Journal*, June, 1879, Dr. W. A. Jamieson, writes:—

When conception has taken place, among the earliest symptoms of its occurrence are those manifested by the mammary glands, evidenced by stinging or pricking sensations, increased fulness and weight, and all those objective alterations in the areola and nipple so often described. These subjective feelings appear to me to be Nature's summons to attention,—a prayer for aid in assisting to prepare the gland for the important office to be discharged by it in furnishing food for the infant after birth. Yet, in most cases, how little note is paid to the warnings thus given! While all sorts of instruments have been devised for drawing out the nipple after parturition, it has been in great measure forgotten that all this painful and troublesome process might have been avoided by systematic regular attention to the nipple during pregnancy. This should consist in washing the nipple once or twice *every day* with soap and warm water, during which ablution the nipple should be pressed and drawn out; and further stimulation should be excited by rubbing rather firmly after drying with *eau de Cologne* or equal parts of brandy and water. It is not often that we have the opportunity granted us of recommending the commencement of this procedure very early in pregnancy, but when we are engaged to attend at the approaching confinement we ought to make a point of giving these directions, which are invariably gratefully received. Though more absolutely necessary in the case of primiparæ, they are almost as valuable in multiparous females, and should also be impressed on them. Besides the mere mechanical influence exerted by friction and manipulation, a further effect is produced by the frequent direction of the thoughts to the breast and nipple. Dr. Carpenter quotes Sir H. Holland's remark, that the "strong and continued direction of the attention to a part in all probability affects either its innervation, or its circulation, or both." Mr. Heath, in his *Lectures on Diseases of the Breast*, says, "that friction, if prolonged, will induce hypertrophy not merely of the nipple, but of the breast, is shown by a case which came under my notice some years back, in which the lascivious manipulations of a lover extending over many months had resulted in a veritable hypertrophy of the whole organ." We have ground, then, for believing that this treatment of the breasts during pregnancy seems to afford legitimate scope for the influence of "expectant attention;" to be really useful, however, it must be thoroughly carried out and persevered in daily till labor sets in. When these measures have been faithfully followed, we have a means of judging whether a nipple is hopelessly atrophic, and unfit to nurse with or not, when we examine the breasts after delivery is completed. If no reaction has followed; if the nipple remains flat, and especially if, on pressing our fingers behind it, it conveys the sensation of being firmly bound down, the probability is great that attempts at suckling, at least with that breast, will be fruitless, and if persevered in, will almost certainly end in abscess. Cautious, very cautious, attempts may indeed be made all the more freely if some milk can be squeezed from the nipple, but we must be actively on the alert for a more than possible failure, and be ready to apply cooling lotions—belladonna, perhaps leeches, or gentle elastic pressure to limit the first symptoms of congestion of the organ. I have several times in former years seen abscess result from ill-judged persistence on the part of the nurse to induce a mother with an impervious nipple to continue attempts at suckling. It is good policy, then, to desist in time.

When the nipples have been prepared for the demands of nursing in the mode described, it is seldom that fissures or hacks of any moment arise during its performance. But when such measures have not been adopted during pregnancy, and even in spite of them, when the skin is delicate, or the infant's mouth is affected with aphthæ, cracks and abrasions of the nipple take place, and must be promptly treated, otherwise abscess is very likely to supervene. The remedies for sore nipples are innumerable; having tried most of them with various success, I have for some time employed one only, which has rarely indeed failed to effect a speedy cure, provided the case has not been too long of being attended to. The *collodium flexile* of the Pharmacopœia answers every indication; it forms an efficient protection from the air; by its contraction, tends to draw the margins of the fissure together, and does not injure the infant—a most important point not always regarded in some of the remedies recommended. The collodium flexile may be painted on several

times a day, the nipple being first dried, and the sides of the crack pressed together. When the child is put to the breast the film covering the point of the nipple may be peeled off, so as to allow the milk free egress from the mammillary tubules.

When an organ in the discharge of its function is strained, either from inherent weakness in itself, from debility of the general system. the contractile power of its vessels is lowered, and a form of congestion is induced, which may go on to the formation of abscess. This is especially apt to occur in the mammæ of weakly or ill-nourished women, and here the prophylaxis of abscess consists in the recognition of this fact. When efforts at suckling are attended with pain in the breast, and down the arm on its inner side, or the gland feels, after feeding the infant, tired and strained, and more particularly if the mother herself seems to suffer in health and appetite, and develops hysterical symptoms, the attempt to nurse should gradually be given up.

TREATMENT OF INFANTILE CONVULSIONS.

Dr. Charles Bell, in Edinburgh *Medical Journal:*

The first object in the treatment of convulsions is to allay the spasm, and to restore consciousness. This is generally effected by means of a hot bath, and at the same time applying some pungent substance to the nose, such as ammonia. Should these not be effectual in restoring sensibility and overcoming the convulsions, we must have recourse to the application of chloroform. Having overcome the convulsions, we should then endeavor to remove the cause, which is most commonly something irritating the alimentary canal. If the child has recently taken a full meal, an emetic ought to be given as soon as the patient is able to swallow, and the best kind under the circumstances is a full dose of ipecacuan according to the age of the child. If the bowels are constipated, an aperient should be given, either of calomel or castor oil ; but as it is important that the bowels should be moved quickly, an enema or a suppository should be administered without delay. Cold should be frequently applied to the head if there is much heat, while the feet are kept in warm water, or mustard poultices should be applied to the calves of the legs. If there is much excitement in the circulation, leeches may be applied with advantage, although M. North prefers venesection or cupping, as he says that he has never seen a well-marked case of congestion removed by leeches. But the use of the lancet or cupping-glasses is very questionable in young children, from the certainty of producing crying, which inevitably increases the congestion. Some authors have advised the used of opium and blisters, but such remedies are extremely hazardous in very young children. If the child is teething, and the gums seem red and swollen, they ought to be scarified. If there is reason to suspect that worms are the cause, turpentine should be given in milk, or it may be given in the form of an enema.

After the attack is over, bowels should be kept regular by mild aperients, and the most useful are moderate doses of rhubarb, and potash, which, besides regulating the bowels, will act as a diuretic. Change of air and the use of small doses of chalybeates, along with light and nourishing food, will be very beneficial.

Prognosis. When the fits are moderate and of short duration, and the natural cheerfulness and lively expression of countenance soon return, the case may be considered extremely satisfactory ; but if the convulsions are long-continued or of frequent occurrence, and the child continues to be dull and heavy, with an anxious expression of contenance, there is reason to apprehend great danger.

LUNAR CAUSTIC IN THE TREATMENT OF OPHTHALMIA.

Dr. W. A. Macnaughton writes to the *Medical Times and Gazette* : There are certain inflammatory conditions of the eye which, owing perhaps to constitutional causes, are often very perplexing in their treatment. There is, for example, no complaint of its kind more obstinate than the scrofulous ophthalmia of children. In these, and in all cases where the simpler remedies have failed, I would recommend the application of the solid nitrate of silver to the supra-orbital surface as a speedy means of cure. Seeing that the remedy is applied in close proximity to the affected organs, it will be admitted that this is a more rational mode of relieving ocular inflammation than the distant counter-irritation behind the ears recommended in the more obstinate forms of this disease. As a matter of fact, I have observed excellent results in cases where the irritation and intolerance of light had persisted for months. The mode of application is simple. The caustic point is firmly applied over an inch or so of the previously moistened integument above the affected eye, but when both are concerned, I cauterize a narrow strip across the whole supra-orbital region. This causes a slight smarting sensation at the time, which soon passes away. The stain which results can readily be removed afterward with a strong solution of iodide of potassium. It is advisable, while this treatment is being progressed with, to exclude the light from the eyes by means of a shade.

THE CANADA MEDICAL RECORD,
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ATHLETIC SPORTS.

Now that the winter's sports are about closing, it may not be out of place to say something about them and how they are indulged in. Athletic exercise of every kind is more or less necessary to the human being. By it, the muscular system is kept in a good state of nutrition, and the internal organs perform their functions more regularly. This desired condition of health will continue as long as athletic exercise is indulged in with moderation and consistent with each individual's physical powers. To become an athlete in the true sense of the term is not in the power of every one. This power belongs only to those of a strong robust constitution, and even they have to begin slowly and systematically before they attain the desired standard of muscular strength. This standard is very easily lost by any relaxation of the system of training, in fact more easily lost than gained. When we say "system of training," we mean strong physical exercise and good diet, and not that exercise and semi-starvation that is the rule with some clubs before their boat races. We are of the opinion there is too much of the starvation idea carried out in the training. Thus is witnessed how soon a man becomes puffy and regains *embonpoint* when he gives up training. The mistake is made by relaxing all systems too quickly, and returning to a diet from some of which he should never have been restricted. Bodily exercise, to give the greatest amount of benefit, requires to be performed in a sound state of health and at proper intervals. This exercise should not be forced, it should be of that nature to give pleasure so that both the mental and physical powers should be in harmony.

We have in Montreal several clubs for young men, some for snow-shoeing, lacrosse, base-ball, and cricket playing. All are good, and it is desirable that young men should belong to them, but they are not an un-mixed good, inasmuch as the seniors do not sufficiently guide the exercises of the junior members. The juniors attempt too much at once, and are ambitious to be equal to the older men who are better trained. We are prompted to say this, on account of having had several cases of valvular lesions from over-straining.

Violent exercise, as lacrosse playing, should not be undertaken with the stomach empty, as it leads to a feeling of faintness and headache during the remainder of the day. A light meal should always be taken beforehand, and yet we fear that most of the practice of lacrosse in this city is done before breakfast, to the detriment, sooner or later, of some of the players. It is impossible that young men who are behind a counter, or in an office all day, can be in a properly trained condition for violent exercise, such, for instance, as the evening race across the mountain on snow-shoes. We have not the slightest intention to decry athletic exercise, but we would earnesly caution young men to begin slowly, and systematically increase the amount of work, so their hearts and blood-vessels will not have a greater strain on them than they can bear.

MEASLES IN MONTREAL.

An epidemic of measles has existed in Montreal during the last two months to an extent almost unprecedented, certainly unprecedented during the last twenty years. Fortunately as a rule the disease is of a mild type, but in some it has been exceptionally severe, the laryngeal cough being violent and excessive. Another very prominent symptom which we have noticed in many cases was vomiting, commencing with the first symptoms and continuing until the eruption began to disappear. This seemed to be due

not to the laryngeal irritation, but to the amount of poison in the blood. Ear ache was a very common and troublesome symptom, and where most intense generally left behind it considerable deafness. As a rule the eruption has been unusually profuse, and more raised and in patches than is generally seen. The disease has, much to the amazement of mothers, attacked many who unquestionably had it before. We see no sign of the epidemic abating, for scores of new cases seem to be developed daily.

We notice also that in other portions of Canada the disease is equally rife, also that in various parts of England it is very prevalent.

COOK'S GRAND EXCURSIONS TO EUROPE.

People who contemplate traveling in Europe will consult their own interests by investigating the grand Excursions arranged by Messrs. Thomas Cook & Son, of London and New York, for the year 1880. We have before us a handsome pamphlet of 64 pages, just issued by the above firm, giving full particulars of their Tours, with details of routes and rates, which include all necessary expenses of travelling from the time the Tourist leaves New York till his return. A handsome Map of Europe shows the routes which Cook's Parties will follow.

Three Grand Excursions will leave New York for Europe during the Spring and Summer. The first is the "Annual May Party," which will leave April 29th. The second is the "Annual Educational Vacation Party," specially arranged for Teachers and Students, and leaving New York July 3d. The third is Cook's "Mid-summer Party," which will leave New York July 31st. The two last Excursions give the choice of three routes. Each of these three Grand Excursions will be under the personal supervision of capable and experienced Conductors, and it is announced that there will be no crowding on the steamers, only two persons occupying a state-room.

Many people have fallen into the error of supposing that to secure the advantages of Cook's system it is necessary to travel in parties and by arbitrary routes. This is not so. Three-fourths of the enormous business of the firm consists in supplying *single travellers* with International Traveling Tickets by all chief lines of Steamers and Railways to any part of the Globe.

Private Family Parties can secure very favorable terms, with choice of routes and many advantages, by availing themselves of the admirable system which nearly 40 years' experience has enabled this firm to perfect. We have not space for a more extended notice of the interestng pamphlet from which we have culled these facts.

We notice many useful hints for tourists, brief descriptions of the principal cities of Europe, and a very useful table, showing the comparative value of United States and European Currencies.

The book in question will be sent *free* by return mail on receipt of stamp for postage. Address Thomas Cook & Son, 261 Broadway, New York.

A correspondent sends us the following item, for the truth of which we, however, do not vouch. It is said that Laval University have a large fund accumulated to be given to the Montreal General Hospital. This sum is to be given by $100 instalments by different parties, who will then be necessarily elected as Governors, and thus that University will be able to bring forward one of its Medical Faculty as a candidate when a vacancy occurs on the Medical staff. The sum is supposed to be about $5,000.

CASE OF QUADRUPLETS.

Dr. Downey, writing from Topeka, Illinois, the beginning of March, to the Philadelphia *Medical and Surgical Reporter*, says: "On December 4th and 5th, 1879, Mrs. Doha, a German woman, living six miles south-east of this village, gave birth to four well-developed living children. The first was born at 3 p.m., on the 4th December, the second at 10 a.m., the third at 11 a.m. and the fourth at 12 m. on the 5th December." The mother died the following day, and as the case was attended by an incompetent mid-wife, no details of the arrangement of the placenta or membranes, or the cause of death are obtainable. At birth the four weighed 25 lbs., the smallest five lbs. and the largest 7 lbs. The children are now in their fourth month, and when Dr. Downey wrote, they were all strong and healthy, with as good prospects of living as any infant of that age.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

The Preliminary Examination for admission to the study of Medicine in this Province will be held in Montreal on the 7th of May.

The meeting of the Board of Governors, for granting licenses and other business, will take place in Montreal, on the 12th of May. We direct attention to the advertisement concerning both these meetings, which will be found in this number.

OBITUARY.

We deeply regret to hear that Dr. Aaron Ansell (C.M., M.D., Bishop's College, 1878) died suddenly at Panama, United States of Colombia, on the 2nd of March. After graduating at Bishop's College, Dr. Ansell at once proceeded to Falmouth, Jamaica, where his wife (a native of the place) and his family were residing. He began practice, and was meeting with good success, when he received a cordial invitation from many of the leading inhabitants of Panama to settle there. This invitation was subsequently rendered more tempting by a considerable yearly income being guaranteed to him. This decided him, and leaving his family (who were soon to follow) he sailed for Panama. He had barely more than arrived and entered upon practice when death came suddenly upon him. Dr. Ansell graduated at the University of Georgetown (Washington) and entered the American Army, being present at the first battle of Bull's Run. He also saw much other service. He continued in the American Army till 1868, when he resigned and settled in Mexico. In 1872, he removed to Texas, being engaged in extensive practice at Corpus Christi, where he was held in very high esteem. He had, however a strong desire to settle with his family in Jamaica, but to do this legally a British qualification was necessary. Accordingly, in the fall of 1877, he arrived in Montreal, and entered at Bishop's College. He took out and attended a full course of lectures, and was one of the graduates of 1878. Dr. Ansell was possessed of much more than usual ability, and as an operator was most expert. His wife and young family have the cordial sympathy of all who knew him during his stay in Montreal.

REVIEWS.

Our Homes. By HENRY HARTSHORNE, A.M., M.D. Philadelphia: Presley Blakiston, 1880.

Of the many attractive titles which have been comprised in the series of American Health Primers already published, none can be more so than that which adorns the litle volume now before us. "Our Homes" is written by a gentleman whose name is a guarantee for the production of a book well worthy of perusal, and we can assure our readers that he has fulfilled the task assigned to him most creditably. We have so strongly commended previous issues that it may seem almost too much commendation to say that, if not the best, it is one of the best of the series. It may be a hard task to awaken the sympathies of the general public, strange as it may seem, to the value of teeth, of the eye, of the ear, or of the brain; but when the subject of "Home" is written upon, the heart at once responds, and deep interest ensues. We therefore feel that this volume is sure to take unanimously with the public, and in its perusal they will have no disappointment, for to our mind it is a gem. The chapters on Warmth, Ventilation and Drainage seem to us especially valuable; they convey truths in a manner so insidiously and pleasantly worded as certainly to be productive of much good.

Posological Table. By CHARLES RICE. Published by William Wood & Co., New York.

This is an exceedingly handy and useful little book which can easily be carried in the breast pocket, and thus be always at hand for reference. It contains the doses not only of all the medicines and preparations that are officinal in the United States Dispensatory, but also the most frequently employed unofficinal preparations. Eclectic medicines are also given. It includes all the most recently introduced substances such as Boldo, Coto, Guarana, Glononum, and the like. It is in fact the most complete posological table that has ever been published, and we can recommend it to all who are in active practice.

MEDICO-CHIRURGICAL SOCIETY.

MEETING 30th JANUARY, 1880.

Present: Dr. R. P. Howard (chairman), Drs. Henry Howard, Larocque, Kerry, F. W. Campbell, Osler, Guerin, Ross, Fenwick, Hingston, Bessey.

The minutes having been read and approved Dr. F. W. CAMPBELL drew the attention of the Society to the fact that a portion of the minutes of the last meeting had been published in the daily papers, contrary to the usual custom which has been established by the Society with reference to publication of minutes. The President explained that he had mentioned the propriety of sending Dr. Larocque's report and discussion thereon to the papers. The general feeling of members was in favor of never departing from the rule already laid down bearing on this matter.

Dr. OSLER explained that the pathological specimens intended for exhibition had, unfortunately, been frozen hard, and could not be shown.

Dr. SHEPHERD then read a most interesting paper upon a case of congenital dislocation of the hip. The case came under his observation in the body of a woman received for dissection in the McGill University. An outline of what is known of this rare occurrence was given, and followed by a most minute and careful anatomical description of all the parts concerned, together with a resumé of the points in which this example differed from other similar recorded cases. The specimens, femur and pelvis, were exhibited, as also drawings of the parts, with ligaments *in situ*.

Dr. HINGSTON, from an examination of the specimen, and in the absence of history of the case, would be inclined to say that the dislocation was the result of disease, and not congenital.

Dr. FENWICK thought that, if disease were the cause, indications of that would be unmistakeably still about the affected parts, which were not present, nor were there any signs of old fistulas, moreover the position of the parts corresponds with that which has been found in cases known to be congenital.

Dr. BULLER has knowledge of a case in a young girl, who, having dislocated her hip some time ago and had it replaced, still a recurrence of the displacement took place several times. Her physicians say there is no disease of the cotyloid cavity. He would ask if the present case might not have occurred in the same way in girlhood.

Dr. FENWICK mentioned that a gentleman who had met with an accident at the battle of Gettysburg, dislocating one hip joint. He, curiously, afterwards could at pleasure reproduce the deformity. It was thought that the border of the cotyloid cavity had been chipped off.

The PRESIDENT did not see why the hip might not become subject to displacement just as the shoulder does. He had also seen the party alluded to by Dr. Fenwick. How common to meet with persons who can partially dislocate the thumb. Well, might not some of these cases of congenital dislocation arise from some such laxity of the muscles, ligaments, etc., especially in presentation of the nates without violence, as dislocation of the hip might easily be produced. As to the specimen, the cotyloid cavity is diminished. In all the cases he had seen of hip disease the cavity was enlarged, and he thought that Dr. S. deserved great credit for having surmised that it was not of this nature. He therefore holds with Dr. S. that the diagnosis of congenital dislocation is correct.

Dr. SHEPHERD explained that thinning in the base of the acetabulum was owing to diminished development of all the bones of that side. The shape of the obturator framen was characteristic. Loss of the trochanter Minor was to be remarked. No case of hip disease ever presented just such features as this.

The PRESIDENT read a letter from Dr. Larocque, enclosing a resolution bearing on Sanitary matters, which was referred to the Council to report at a subsequent meeting.

O. C. EDWARDS, M.D.,
Secretary.

MEDICO-CHIRURGICAL SOCIETY.

MEETING 6TH FEBRUARY, 1880.

Present: Drs. Reddy (chair), Hy. Howard, Trenholme, Macdonald, Blackader, Hingston, Baynes, Buller, Kennedy, Osler, McConnell, Fenwick, Bessey, Campbell (F.W.), Finnie, Ross, Alloway, Roddick, Rodger.

The minutes of the last meeting were read and approved.

Dr. BROWNE read the report of an unusual case of strangulated umbilical hernia. It occurred in an old lady æt. 63, a small hernial projection showed itself after an attack of diarrhœa. This rapidly inflamed and suppurated, and ultimately opened and discharged. Some days subsequently, whilst at stool, profuse hemorrhage took place, and she died in 15 minutes. The autopsy showed a strangulated portion of

omentum, but the actual situation from which the blood came could not be determined.

Dr. F. W. CAMPBELL had had two cases of umbilical hernia in adults, one of theseending in the same way as Dr. Browne's. In this case the patient had repeated hemorrhages from an ulcerating hernia.

Dr. BROWNE also read a case of Typhoid Fever. The symptoms in the early days were very severe, including constant delirium, prostration, and subsultus. The wet sheet packing was twice employed, the first time with markedly good effect. Towards the end of illness pus appeared in the urine, though there were no symptoms pointing to inflammation of the bladder or kidney trouble.

Dr. OSLER remarked that he had examined the urine, and believed it to be from an inflamed bladder. He also spoke of the frequency with which he had seen post-mortem fœcal accumulations in the large bowel, and advised laxatives in the later stages.

Dr. BULLER suggested the possible connection between application of cold and cystitis.

Dr. REDDY had recently had much trouble in emptying the lower bowel of very hard fœcal collections.

Dr. HINGSTON thought in this case the scybula had been present while profuse diarrhœa was going on, and spoke of the frequency with which this condition is met with.

Some discussion then followed upon the subject of the tracing of the origin of Typhoid Fever, several members giving instances where this had been found possible.

Dr. OSLER suggested that medical men should suggest to their patients asking for a certificate from some sanitary engineer saying that the house drains have been examined and found properly connected.

Dr. KENNEDY moved, seconded by Dr. Finnie, a vote of thanks to Dr. Browne.

Dr. Ross then read the notes of a case of Acute Purulent Meningitis. The head showed an acute otitis in a previously healthy young man, followed by delirium and left hemiplegia and death with coma. The autopsy showed extensive purulent inflammation.

Dr. BULLER had seen the autopsy, and was presented with the temporal bone for examination. After careful searching he found a small opening in the antrum mastoidem, through which the pus had reached the brain. The tympanum showed the signs of catarrh.

In answer to Dr. Ross, Dr. Buller considers that acute otitis is more dangerous as to meningitis than more chronic cases.

Dr. OSLER showed specimen of gall bladder firmly contracted upon two large gall stones with obstruction of the cystic duct.

Dr. FINNIE stated that the patient from whom this had been taken presented some years ago a large abdominal tumor, the exact nature of which had remained uncertain. The enlargement ultimately disappeared.

Dr. CAMPBELL stated that the Medical Hall were anxious that this Society should occupy the new rooms at once, rent to begin only on 1st October. We would suggest that steps be taken for this purpose at once.

It was moved by Dr. Fenwick, seconded by Dr. Kennedy, that the Council are hereby authorized to proceed at once with necessary alterations in the new premises.

O. C. EDWARDS, M.D.,
Secretary.

MEDICO-CHIRURGICAL SOCIETY.

Feb. 20, 1880.

The ordinary meeting was held this evening, the President in the chair.

There were present: Drs. R. P. Howard, Hy. Howard, Fenwick, Larocque, Roddick, Bell, Kennedy, Kerry, Gurd, Ross, Loverin, Brown, Osler, McConnell, Trenholme, Godfrey, Perrigo, F. W. Campbell, Blackader, Armstrong and Edwards. Minutes read and appoved.

Dr. JAMES BELL then read his paper on "Quinine as an antipyretic." After alluding to its introduction by the Germans as a remedy for the reduction of high temperature, he said that within the last four years it had become regarded almost as a specific antipyretic agent when used in large enough doses. From typhoid fever and other zymotic diseases its use has been extended to inflammatory and septic fevers, and surgical diseases affected with fever heat. Indeed, the opinion seems to prevail among the profession that quinine will always reduce febrile temperature produced by almost any cause. He then took up several of the

prevailing theories as to the cause of high temperature, and reviewed them all. Most observers, he said, argue that the temperature in health varies according to age, sex, time of day, muscular exercise, activity of physiological processes, and that in febrile diseases their variations are greater than in health. According to Wagner, the lowest temperature occurs in healthy adults in the middle of the night, about one or two o'clock, and the highest temperature in the afternoon. A variation of 1° is quite compatible with perfect health. Temperature is slightly higher in infancy and in old age, and in children the temperature is more easily affected than in adult life. Hence in disease a high temperature has less significance in children than in adults. Regulation of body temperature seems to be under the control of the nervous system. The natural means for reducing the heat of the body is radiation and evaporation. Experiments by Dr. Ringer, in 1868, on healthy children with quinine showed that it only reduced the temperature when given in very large doses to the extent of $\frac{2}{5}$ of a degree; variations much greater than this takes place in health without any drug treatment. Quinine in sufficient doses to reduce the temperature even this much, produced noises in the ear, and may other unpleasant symptoms. Dr. Bell then said that, in his opinion, quinine was very much over-rated as an antipyretic; that it probably has little, if any, influence on temperature, and in those cases where it appears to have reduced pyretic heat, the effect was probably due to some other cause. That instead of being harmless, quinine always, for many hours, produces great discomfort from its effects on the nerve centres, viz., headache, sleeplessness, ringing in the ears, deafness, blindness, and interference with the special senses generally. In typhoid fever it often produces or at least precipitates the delirium; also digestive disorders, such as vomiting, diarrhœa and tympanitis—very bad complications, and often the immediate cause of death. As an expression of his views on this subject Dr. Bell quoted the last edition of the National United States Dispensatory. After quoting from Binz, the author of this work says: "This author reproaches those physicians who treat typhoid fever expectantly, and wait and watch which will hold out longest, the patient or the fever. Perhaps it may be better so to wait than to make use of means which tend to aggravate the patient's danger as well as to increase his discomfort, and which neither lessen the duration of the disease nor its rate of mortality, *and quinine does neither.*" This is the latest verdict on the subject by the two leading therapeutists of the United States. Dr. Bell then proceeded to say that he was well aware that it was one thing to make statements, and another thing to prove them. Nothing but a close analysis of a very large number of cases would be worth anything. Such an analysis he thought would be out of place in his paper, even had he the opportunity of doing so, which he had not. All the general results he saw go to strengthen his position. In typhoid fever (as an illustration) the death rate has been higher in the Montreal General Hospital during the last five years (since the use of quinine) than ever before. The cases which occurred during the past three years, of which records have been taken, do not show that the severity of the fever was lessened or its duration shortened by quinine. "My own opinion," said Dr. Bell, "is that, instead of giving comfort, it produces great discomfort. Typhoid patients never complain of discomfort from the fever heat. Moreover, I have compared the temperature charts of a number of cases treated by quinine with a number treated without quinine, but otherwise in much the same way, and I have not been able to perceive any real antipyretic result from the drug. The fact seems to be that in the stage of ascent, and in the stage of stasis of the fever, the fluctuations are limited to a morning remission of 1° to 2° F., as a rule, and quinine given in these stages has no apparent effect.

In the latter stages of typhoid fever great fluctuations occur in temperature. If quinine is given, the fluctuations are attributed to it. The average mortality of typhoid cases in the Montreal General Hospital for the last ten years was 10.45 per cent. During the last five years it has risen gradually year by year till last year, when it was 16.32 per cent. Contrary to the experience of Liebermester, the deaths were not due to prolonged high temperature, causing parenchymatous degeneration, but to accidents and complications in the course of the disease. In 1879 twelve deaths occurred from typhoid

fever in the Montreal General Hospital: two of them were due to perforation and three to hæmorrhage; two apparently to the severity of the poison overcoming the vital powers at the outset, death taking place within the first ten days, from rapid prostration and collapse, without fever; one died from inflammation of vagina, bladder and pelvis of kidney during convalescence; four died from gradual æsthenia, and in one of these cases the bad symptoms began after a thirty grain dose of quinine. These last are the only ones in which death was clearly due to the severity of the fever uncomplicated. Quinine was given in all, and under the most favorable circumstances. Some claim that, although quinine does not reduce temperature, it still exerts a beneficial effect on the disease. I do not think such is the case. In acute inflammatory affections and pneumonia I believe that it is absolutely worthless. If this latter disease runs a normal course there is a sudden rise between the fifth and tenth days. Quinine given at this time has no effect upon temperature, and produces the usual disagreeable symptoms. Its ablest advocates admit that, in relapsing fevers and erysipelas, it has no effect." Dr. Bell alluded to surgical and traumatic fevers, stating that in them quinine will not reduce temperature. He said that, in those diseases, there is always an evident cause for the high temperature, putridity or pent up pus. Prevent the first, and remove the second, and the temperature will fall. He concluded his paper as follows: "In septic febrile conditions one would expect theoretically some benefit from quinine in moderate doses, but I doubt if large doses daily, or less frequently, will be found to do any real good in any way, much less to produce any immediate reduction of temperature. In children the temperature is very variable; and little reliance can be placed on recorded observations of the effects of quinine upon the diseases of childhood. Finally, if we admit, for the sake of argument, that quinine has some power to reduce febrile temperature, we may fairly ask the question: is that of any benefit? The gradual rise of temperature immediately preceding death, and accompanied by other grave symptoms, seems to show that fever, after all, is only an external manifestation or an effect, and not a cause, and therefore, in itself, not serious and not demanding special treatment.

Dr. Kennedy remarked that he was surprised at the conclusion Dr. Bell had arrived at in regard to the antipyretic action of large doses of quinine, as he understood that in such doses it was looked upon as a specific in the treatment of typhoid fever in the Montreal General Hospital. It was the fashion at present to prescribe these large doses in typhoid, and he was somewhat afraid to express a contrary opinion, as it might be considered a heresy to doubt their efficacy, though he had not much faith in the great value which some placed upon such doses. Since last fall eight cases of typhoid fever had been under his care, three of which were of a very severe type, with temperatures ranging 105° and over. All these cases were treated by quinine in a grain or a grain and a half every four hours, together with nitro-muriatic acid, and occasionally digitalis,—other remedies being given as required. All recovered without any complications having occurred during the progress of the disease. He was of the opinion that these large doses had a tendency to produce paralysis of the nervous centres, and in this manner its action in lowering temperature might be accounted for; certainly in cases of ague, paralysis of the auditory nerve followed the use of large doses of quinine. In two cases of typhoid which he had seen lately for a *confrère* large doses were administered; both had died in a collapsed condition, apparently induced by the powerful depressing action of the remedy. In other cases of high temperature he had observed this to become lowered as suddenly where quinine was not given as where it was, and was led to believe that often the apparent action of the remedy was merely a coincidence.

Dr. F. W. Campbell was pleased to hear Dr. Bell so thoroughly condemn the use of quinine in large doses, especially in typhoid fever. He had for some time given up administering the remedy in large doses, for he was quite in accord with Dr. Bell in believing that it did not reduce temperature, and that it produced most disagreeable results. There was fashion in medicine, as well as in dress, and the remedy was, he believed, often administered by many because it was fashionable to do so. Typhoid fever ran a specified course, and quinine in large doses, by its bad effects on the nervous system, was, in his opinion, not cal-

culated to place the body in that condition, best fitted to carry it through a lingering disease. He treated the disease by mineral acids, also by large doses of liquor ammonia acetatis. This latter remedy he found reduce the temperature by its diaphoretic action.

Dr. FENWICK said he followed the rule in treating typhoid laid down by King Chambers in administering large doses of hydrochloric acid. He cited a case which had occured in his practice where 40 grains of quinine had been given without altering the temperature in the slightest, subsequently, under small doses, it subsided and the patient recovered.

Dr. Ross said that the reader of the paper had made several statements conveying most serious charges against this drug. He did not think that the conclusions arrived at were justly drawn from frequent observation. With reference to the ill effects, delirium, restlessness, and sick stomach, claimed to be almostly constantly witnessed after full doses of quinine in fever, he had failed to notice any constancy in such sequences, although that such did occur with some persons sometimes could not be denied. Dr. Bell would appear to endeavor to show that quinine did not possess antipyretic action at all. Now, if we have a well-authenticated fact in therapeutics it is that, in a great many febrile states, quinine will, with positive certainty, reduce the temperature of the body. It is broadly stated that it is commonly used and recommended in the symptomatic fever of local inflammation. He does not agree to this statement; on the contrary, considers that the best writers admit its uselessness in such cases, Dr. Ross himself does not employ it thus. The influence of the drug can hardly ever be better seen than in those septic states, apt occasionally to occur in the puerperal woman, and shown by chills and general febrile disturbance without local manifestations of inflammatory action. A dose or two of quinine here is often invaluable. But if local pelvic inflammation be present, with marked pain and tenderness, it will do no good, but opium and local soothing effect the cure. A previous speaker appeared to be under the impression that a routine practice of giving large doses of quinine in typhoid fever was pursued in the wards of the General Hospital. He would like to correct this idea. In the first place, some of the attending physicians did not adopt this plan at all. For himself, he liked to think that he did not follow any routine, but rather tried to treat each case in accordance with the special features it might present. Quinine was certainly given in a good many of his cases, but by no means in all, and quite a number had but a few doses only at certain times when the degree of fever and other symptoms appeared to him to indicate its employment. He was glad this discussion had come up, but could not allow the statements of the paper to go unchallenged.

Dr. TRENHOLME said he had more and more discontinued the use of quinine in typhoid fever. During the past year he had not lost any of his cases. His plan of treatment was phosphoric acid and tincture of orange. In diarrhœa small doses of arsenic, and in hemorrhage from the bowels small doses of corrosive sublimate.

Dr. GODFREY favored the use of quinine in large doses when a high temperature (105°) indicated its advisability. He spoke also of the great benefit he had seen it produce in cases of ague. His plan in the latter disease was to give a large dose three times a day, and when the fever began to rise a double dose.

Dr. MCCONNELL stated his experience as unusually successful, never having had it fail him in any case in which he had used it.

The PRESIDENT quite agreed with the observations which had been made by Dr. Ross, and would not reiterate them. He was not prepared to hear the antipyretic properties of quinine denied altogether, as they had been by the reader of the paper. From the tenor of some of the remarks that had been made, several of the speakers appeared to believe that, in the treatment of typhoid fever in the Hospital, quinine was employed in a routine manner, he was pleased to hear that that was not the case. Many members present could certify that the speaker in his lectures advocated the view that typhoid fever could not be cut short, and that the aim of the physician should be to interfere actively as seldom as possible, and only when some important indication arose, such as excessive diarrhœa or hemorrhage, or peritonitis, etc. Modern experience had shown that a very high temperature, say 105°, or even a somewhat lower one, if protracted, *was a source of danger*

in typhoid fever, calling for the interference of art. Now in such circumstances he had frequently employed twenty and thirty grain doses of quinine with striking benefit in the reduction of the temperature. These doses had also frequently failed. But what agency was uniformly successful in these severe forms of fever? Even when the ice helmet, the wet pack and ice in the rectum are conjoined with large doses of quinine, the temperature frequently continues high. The only resource left in such circumstances is the cold bath, and, apart from the risks of employing it in these critical cases, the serious practical objection to its employment is the great frequency with which it needs to be repeated in the twenty-four hours, and the large amount of nursing assistance it demands. That difference of opinion should exist as to the value of quinine in typhoid fever was not remarkable. Respecting the value of what single important remedy in any disease was there uniformity of opinion? While differing from the writer of the paper as to the antipyretic power of quinine, he complimented him for his close study and investigation of the cases under his care as house surgeon of the hospital, and for the individuality of his character as a medical observer.

The following report was presented by the Council regarding sanitary matters, brought before their notice by Dr. Larocque, City Medical Health Officer.

The Council of the Medico-Chirurgical Society recognize the efforts made by the Board of Health and the Medical Health Officer for the general adoption of the practice of vaccination, but while appreciating their efforts the Council of the Society is of opinion that a general system of *registration of births* is of the first moment in any efforts in the direction indicated, and further that the Local Legislature should be requested to move in this matter.

In the meantime, and until a more general system of vaccination can be effected, a better system of hospital accommodation should be provided, so as to enable the Board to carry out a more thorough plan of isolation and separation.

The Council is strongly of opinion that there should be a Board of Health for the province entirely beyond the control of municipal bodies, bodies who cannot be supposed to be *quite* familiar with matters relating to public health.

They are further of the opinion that the Medical Health Officer should have the power of supervision over all houses in which small-pox appears, so as to purify or disinfect with or without the consent of the occupants at such time as the Health Officer should deem proper, and during disinfection a proper place be provided for the occupants of such house as require disinfection.

Also that a more complete record of inspection be kept by an officer deputed for that work only.

The report from the Council was adopted on motion of Dr. Henry Howard, seconded by Dr. Campbell, and the Secretary was requested to forward a copy of the same to the City Council.

The meeting then adjourned

O. C. EDWARDS, M.D.,
Secretary.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, March 6, 1880.

The ordinary meeting was held this evening, the President in the chair. There were present Drs. R. P. Howard, Hy. Howard, Reddy, Kennedy, Kerry, Armstrong, Munroe, Brodie, McConnell, Osler, Major, Buller, Guerin, Gurd, Roddick, Shepherd and Edwards.

In the absence of Dr. Fenwick, Dr. REDDY contributed a paper on diabetes insipidus.

Dr. ARMSTRONG read the following notes of a case of general peritonitis, proving fatal after the application of strong nitric acid to the cervix uteri for the cure of chronic cervical endometritis.

Mrs. D., æt. 29 years, about medium height, fair complexion, light spare build, 6 years married, never had been pregnant, and a patient of the late Dr. Bell, came under Dr. Armstrong's care a few months after his death. She had been treated by Dr. Bell for a retroflexion of the uterus, and the first time that she was examined there was found an Albert Smith pessary in position. Very similar treatment was continued until last summer, when she began to complain of a leucorrhœal discharge, and on examination per vaginum the doctor found chronic cervical endometritis, which he took for the cause of the leucorrhœal discharge. Besides the administration of tonics and the regulation of the bowels, he began making local applications

to the cervical canal. He applied at different times, extending over a period of about three or four months, solutions of arg. nit. ac. carbol, tr. iod. co., tr. iod. co. c. glycerine, but without any benefit. On the 23rd December, 1879, there was in the external os a plug of extremely tenacious glary mucus, very difficult of removal. This was removed by means of a piece of dry sponge, and fuming nitric acid to the cervical canal was applied; then immediately a stream of tepid water was thrown against it for a few minutes, and applied a plug of cotton wool, saturated with glycerine, and directed her to remain perfectly quiet in bed, and if she had any pain to let the doctor know at once. At the time of the application the cervical canal was large enough to admit the little finger. About 6 a.m. the following morning the husband called and told that his wife had had a little pain during the night, and asked Dr. Armstrong to see her, which was done as soon as possible. When he saw her she complained of some pain about the lower part of the abdomen, and there was a little tenderness on pressure. At once turpentine stupes, followed by linseed poultices, were ordered, and opium in sufficient quantities to completely relieve the pain given. But the case went from bad to worse. In 36 hours after the application of the acid she had a chill, followed 24 hours afterwards by another, and a third 48 hours after the second. On the 30th tympanitis was present to a considerable degree, and asafœtida enemas were given in addition to the turpentine stupes. In the evening Dr. Gardner saw her in consultation, advised the internal administration of turpentine, which was done, also the use of nutritive enemata, but these were not retained sufficiently long to be of any benefit. Dr. R. P. Howard saw her on the morning of the 31st, but she was then in a dying condition, with copious bilious regurgitation, and in an hour afterward she died.

Dr. KENNEDY remarked that this case was another illustration of the great danger there was in using such powerful applications. Already several cases of like serious results have been reported to the Society, and he was of opinion that nitric acid should seldom be used. It had become the practice to subject the uterus to the most heroic measures, and often the attention was directed solely to this organ while the general condition of the patient was unheeded. Although the application of nitric acid had received the commendation of eminent gynæcologists, still, from the experience gained in such cases, he thought that in the grea majority much milder measures would secure as good results. In his own practice he had not used nitric acid for some time, and believed that he had obtained equally good results with remedies which had not this element of danger in their use.

Dr. EDWARDS reported two cases in his practice in which nitric acid had been used with benefit. In the first case a condition of subinvolution existed, the woman suffering from severe menorrhagia. After other means had been tried and proved futile, it was decided, in consultation with Dr. Reddy, to apply nitric acid to the interior of the uterus. This was done three years ago, since which time the patient has been quite well. The second case was one of endo-cervicitis in which nitric acid was applied to the cervical canal. The result was satisfactory. In both cases the precaution was taken of thoroughly dilating the canal with sponge tents.

Dr. REDDY said he had used nitric acid very frequently, and never had any bad result from its employment. He further stated that on one occasion he had been induced to use iodine instead, and in that case had one of the most severe cases of pelvic peritonitis he ever had to deal with.

Dr. RODDICK said he had on three or four occasions used nitric acid, and considered the secret of success due very much to a thorough dilatation of the canal. When this was not done a drop of the acid might fall within the uterus and set up peritonitis. He did not think that nitric acid should be rejected, but used with care and with ordinary precautions no accident need occur.

The President said that it was well known that a condition of metritis is produced at times by very simple causes. The introduction of a sound or a sponge tent has had this result, also the use of iodine and carbolic acid.

A vote of thanks to Dr. Armstrong was moved by Dr. Roddick, seconded by Dr. Reddy, and carried. The President presented a letter from Dr. Iose Pererira Ryo Filbo of Rio de Janeiro, asking to be elected a corresponding member of the Society. Certain pamphlets of a scientific character accompanied this request. On motion of Dr. Reddy, seconded by Dr. Hy. Howard, this gentleman was elected a corresponding member.

The meeting then adjourned.

O. C. EDWARDS, M.D.,
Secretary.

OBITUARY.

Sir Dominic Corigan, the celebrated Dublin physician, died a few weeks ago at the age of 79.

Dr. Seaton, the well-known authority upon "Vaccination," died at Notting Hill, London, on the 21st of January, at the age of 65 years.

Henry Hancock, F.R.C.S., an ex-President of the Royal College of Surgeons of England, died on the 1st of January, aged 70 years.

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CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

A Case of Consecutive Chronic Dementia, involving an important Medico-Legal Question, by Henry Howard, M.D., M.R.C.S.E., Visiting Physician Longue Pointe Lunatic Asylum.....169

Primary Double Amputation of the Thighs, successfully and synchronously performed for railway injuries to the legs, by John L. Bray, M.D., Chatham, Ont.....172

PAGE

New Kymograph, by George Wilkins, M.D., M.R.C.S., Eng., Professor of Pathology and Lecturer in Practical Physiology University of Bishop's College, Physician to the Montreal General Hospital.....174

PROGRESS OF MEDICAL SCIENCE

On the Treatment of Acute Rheumatism by Salicin and Salicylic Acid, 180—Management of Natural Labor.....183

PAGE

EDITORIAL.

Montreal General Hospital, 187—Puerperal Malarial Fever, 189—Doctor's Bills, 190—Volunteer Medical Officers, 191 — Laval University Hospital, 191—Woman's Hospital of Montreal, 191—University of Bishop's College, 192—Personal...193

Reviews.....193

Medico-Chirurgical Society, of Montreal.....194

Marriage and Death.....196

Original Communications.

A CASE OF CONSECUTIVE CHRONIC DEMENTIA, INVOLVING AN IMPORTANT MEDICO-LEGAL QUESTION.

By HENRY HOWARD, M.D., M.R.C.S.E, Visiting Physician Longue Pointe Lunatic Asylum.

(Read before the Medico-Chirurgical Society of Montreal, 19th March, 1880.)

MR. PRESIDENT AND GENTLEMEN,—Seeing how very common is that mental state known as dementia, and how that all the lunatic asylums in the world are crowded with that class of patients, dementia, of one form or another, from numerous different causes, I am afraid that you must be surprised that I did not choose a case of some other form of insanity, or in sanity in some other stage, than that of dementia.

I have chosen this case not because that it in any respect differed from a number of others in the asylum, but because this particular case happened to be the cause of a circumstance that involved a very important medico-legal question. The whole case turned upon the one single point, was it possible, under certain circumstances, that a certain crime could be committed? This was the question I was called upon to solve. The Court was two Commissioners. The accusers had two clever lawyers, and the accused, one, and I assure you that never in my life did I get such a cross-examination as I did in that case; never, in my life, did I see such a determination on the part of lawyers to bring in the accused guilty. Surely if ever two men deserved to be well paid by their clients, these two lawyers did. Well, my testimony was that the crime could not be committed, and so the case broke down.

I will try and bring the case before you in as delicate a manner as I possibly can, so as not to shock your sensibilities; you will your selves easily supply that which I cannot put into language. The question was, could pria pism take place in a man suffering from conse cutive chronic dementia, or rather a certain man whose case I will just now give you? If it could, then the crime could have been committed; if it could not, then the crime could not have been committed. At all times, and under any circumstances, the crime of which the accused was charged would be a disgusting and unnatural crime, but, under the circumstances in this case, the man that would be guilty of it, we would be bound, in very charity, to look upon as a morally insane man.

CASE.

When my attention was first called to A. B., aged about 35, he was sitting naked in his cell, crouched in the corner, in dog-like fashion, his genital organs hanging down, and resembling more a piece of dirty intestines than the genitals of a man. He was so emaciated that his bones were simply covered with skin, and his skin was broken and ulcerated in different parts, particularly over his joints. His head, face, hands and body were smeared with his own

fæces; he eat every sort of filth he could lay his hands upon, whilst he had to be forced to partake of wholesome food. His attempt at speaking was more like the gibberish of a monkey than the speech of a man; in fact, for a man of his age, he was as good a specimen of dementia as there was in the asylum. When he was washed and cleaned, and I had a chance of examining his pulse, I found it to be 120.

Such is the description of the man who was sworn to be capable of producing priapism, or that another could produce priapism in him. As well might I be told that it could be produced in the unfortunate wretch who suffered from nerve exhaustion from being tortured in the rack.

Let us consider what is chronic dementia. All writers on mental diseases classify it under the heading of mental weakness.

Dr. Crichton Brown, who has given the result of his examination of four hundred brains of persons who had died insane, twenty-five of whom were cases of chronic dementia, viz., 17 males and 8 females, gives us the following conclusions respecting brain weight. After carefully weighing all these brains, he says, "Consecutive chronic dementia, a form or forms of mental disease embracing so many of the inmates of our lunatic hospitals, whose *nervous systems* have been irreparably damaged by the acute storms of disease, or who have subsided quietly into the depths of fatuous degeneration, is represented in table 6 by a *brain weight* only a shade greater than that of organic dementia." ....."In the dementia of general paralysis the *cerebellum* does not share to anything like a full extent in the wasting by which the cerebrum, is so seriously reduced; indeed the cerebellum is less wasted in the dementia of general paralysis than in any of the *other chronic forms of dementias.*"....."In acute mania in both sexes the cerebellum is of *great* weight, *absolutely* and *relatively* to the weight of the hemispheres; and indeed in almost all forms of mental exaltation and depression the weight of the organ contrasts notably with what is seen in states of mental weakness."

We see there by the pathological researches of Crichton Brown that in chronic dementia the whole nervous system is irreparably damaged; that so much does brain-wasting take place that in weight the brain was only a shade greater than it was in organic dementia; that the *cerebellum is more wasted* in chronic dementia than it even is in general paralysis; that in acute mania the cerebellum is of great weight, contrasting notably with what is seen in states of mental weakness.

So much for the pathology of consecutive chronic dementia. Speaking of such cases Dr. Maudsley says: "There is a group of demented patients in whom the mind is almost extinguished, who have to be fed, clothed and cared for, who evince little or no sensibility; whose only utterance is a grunt, a whine, or a cry; and whose only movements are to rub their heads or hands. Of the three degrees of dementia they represent the worst, the lowest state it is possible for a human being to sink. Their existence is indeed little more than vegetative; and, if they are not carried off by pneumonia, tubercle or some other disease, as they often are, they die from effusion of the brain, or from the effects of accident, to which through their apathetic helplessness they are much exposed. Though secondary dementia may last for a long time, it is impossible that recovery should take place. The condition, habits and conduct of patients suffering from it may often be much improved by proper care and control, but their mental decay will generally go on increasing unto the end. When death takes place it is sometimes due to effusion on the brain or atrophy of it, or it is produced by accidental disease as tubercle or pneumonia.

So much for the physiology and pathology of consecutive chronic dementia.

I beg of you to bear in mind that it is the cerebellum, that is the part in dementia, that undergoes the greatest change, not only that, but that in chronic, after organic, dementia, it undergoes greater changes than it does in any other form of insanity.

I will now quote from "*Eulenburg*" and "*Gutman*" to show to you the connection that exists between the cerebellum and the organs of generation, a fact, I have no doubt, well known to the members of this Society.

They say: "Conceiving the controlling power of the nervi exigentes on the *blood vessels of the penis*, the vasomotor nerve of the intestines and probably of most of the abdominal viscera is the splanchnic, the principal vasomotor nerve in the body. Irritation and extirpation of

the different ganglia and sympathetic plexus of the abdomen have a certain but very inconstant influence on the intestinal secretions, the nature of the intestinal evacuations, and on the general nutrition."....." The centre of the vasomotor nerves of the liver, and appears to be in the brain. We ourselves frequently noticed the occurrence of hemorrhagic diarrhœa in dogs after injury of the different parts of the *cerebellum*."....." That also the vasomotor nerves of other abdominal organs and of the whole *genital* apparatus are included in the trunk of the sympathetic is undeniable from the anatomical point of view."....." As for the vessels of the *penis* we know from the researches of 'LÖVEN' that irritation of the nervi exigentes results in relaxation of the arteries."

I have now anatomically, and physiologically, through "Eulenburg," "Gutman" and "Löven," proved to you the union that exists between the cerebellum and the organs of generation, as I have given you physiological and pathological proof that it is the cerebellum that suffer most from dissolution in consecutive chronic dementia, and not only that it suffers most, but that it suffers very much, so that it eithers becomes disorganized or atrophied. I have also shown you that in this form of dementia there is exhaustion of the whole nervous system, just as great a nerve exhaustion, as we would expect to find in the unfortunate creature that was tortured upon the rack.

Possessed of the foregoing knowledge, and from my own experience, my testimony was, in the case I have stated to you, that the crime was a physical impossibility, and I now appeal to this Society to say, was I, or was I not, justified in saying it was a physical impossibility? and in forming your opinion you will remember that it is a very important medico-legal question; and remember the question is not, could there, under such circumstances, be seminal emission? for, according to the reports of jail surgeons, that frequently takes place when a man is hanged, and every physician knows that it frequently takes place in the last death agony, as does evacuation from the bowels. The question is could a man for example suffering from such a disease as I have described co-habit with his wife, if he had the desire to do so. If he could, then the crime could have been committed; if he could not, then the crime could not have been committed. Remember I don't say that, under such circumstances there could be *desire*, for I don't believe there could, but, for the sake of argument, granting that there could, would it follow that there could be priapism; would it follow that the solitary vice of self-abuse could be accomplished. Every medical man of large experience, more particularly those connected with lunatic asylums, knows that long-continued self-abuse, by those with an insane neurosis, not only terminates in dementia but also in impotency, even much sooner than those who indulge in excessive sexual indulgence. I presume the cause is that, in the former, there is most pereprial nerve irritation. That, however, as it may be, it is another mode by which the fact is established of the union between the brain and nerve, the cerebellum and the organs of generation. In passing, sir, I might remark that the cerebellum plays a most important part, through the medium of the great sympathetic, with the whole of the abdominal viscera, a knowledge of which may assist us to explain some facts heretofore difficult to comprehend. For example, at one of our late meetings a case was read of typhoid fever where the patient died suddenly from a gush of blood from the intestines, and the post-mortem examination threw no light upon the cause of the hemorrhage. Perhaps if our worthy pathologist had in that case thought of examining the cerebellum he would there have found the explanation, for there is no reason why, if irritation of the cerebellum of the dog produces in that animal bloody flux, that, under certain circumstances, it would not do the same in a human being, and particularly so in a case of typhoid fever where the *nidus* for the typhoid germ is in the mucous membrane of the small intestines. I was so struck at the time with the case that I allude to, that I thought these few remarks in connection with the subject of my paper would be an allowable digression. I beg, however, that it may not draw the attention of the Society from the important medico-legal question I have brought before it.

The proceedings of the McGill College Medical Convocation are crowded out of this issue. They will appear in our next.

PRIMARY DOUBLE AMPUTATION OF THE THIGHS, SUCCESSFULLY AND SYNCHRONOUSLY PERFORMED FOR RAILWAY INJURIES TO THE LEGS.

By JOHN L. BRAY, M.D., Chatham, Ont.

At a time when railway accidents are of so common occurrence a record of every case would soon furnish valuable statistical material for comparison and contrast. Any appreciable record of these injuries has not fallen under my notice, if any such there be, and it is with a desire of contributing towards furthering this object that prompts me to offer the following case of primary double amputation at a time, too, when the relative merits of hospital and private practice, of primary and secondary amputations, or of antiseptic dressings, as affecting amputations and other capital operations, are under discussion. This case may prove of some interest, occurring, as it did, during the hottest days of July of the present year, treated away from the patient's home, in a house the general arrangments of which were poorly regulated, nursed by strangers, willing enough, it is true, but by no means skilled hands, and having the further disadvantage of being surrounded by a marshy locality and malarious atmosphere, while it had, on the favorable side of the question, the all-important advantage of a strong, healthy and vigorous constitution. Re-acting from the shock in less than two hours sufficient it was thought to warrant the next ordeal, synchronous double amputation of the thighs, it offers, I think, a fair case for comparison.

On the 15th of July, 1878, I was summoned to Jemnetts Creek Station, in my capacity as surgeon to the G. W. Railway Company for this district, to attend N. C., a strong, healthy, well-developed French Canadian, 21 years of age, who, while attempting to get on a freight train that was passing at the rate of about 18 miles an hour, had been knocked down, and his feet and legs run over by several car wheels before the train was stopped, or assistance rendered. All other parts of his body escaped, with the exception of a slight bruise on the upper part of the left knee. He was immediately carried to a neighboring house, about 50 yards away. Taking Dr. Murphy of Chatham with me, we arrived at the place, which is about 14 miles distant, in less than two hours from the time the accident occurred. We found our patient lying on a low bed, moaning and complaining bitterly of pain; his face was quite pale; the surface of the body cool and clammy; pulse 105, feeble but regular and of gradually increasing power after taking about 4 ounces of whiskey. There had been very little hemorrhage, and this now had entirely ceased. On examining the legs it was ound that they had sustained the following injuries: All the soft parts of the left, including skin, superficial fascia, muscles, vessels and nerves, were entirely torn and dissected from the anterior circumference of the limb, extending from the middle of the foot to the knee, crushing and laying open the ankle joint, fracturing the bones of the leg after every possible fashion, splinters of bone extending up into the knee joint. The right leg was found to be less damaged than the left, the wheels passed over it just above the ankle, crumbling the bones into fragments, and mutilating the soft parts up to the knee to such an extent that any attempt, even here, at amputation by disarticulation, such as Langenbeck of Berlin is now advocating, was found to be too risky an undertaking to be justifiable; from the character of these injuries it would seem that the wheels had engaged the long bones at several points of their axes, thus causing such an extensive destruction of parts involved. One can readily imagine how this might happen if the man moved or slightly rotated his limbs after the passage over them of the first wheel

The patient being placed under the influence of chloroform by Dr. Murphy, and Esmarch's bandage having been applied from just below the knee to the middle of the thigh, I proceeded to remove the left limb. Having decided on the circular operation, I began my incision about one inch below the knee, and dissecting up the integument and fascia a sufficient distance, divided the remaining structures down to the bone, which was now sawn through in the usual careful manner, about one inch and a half above the condyles. I now allowed Dr. Murphy to amputate the other limb which, after applying the elastic bandage as before, he did by making lateral flaps, bringing the knife out below the heads of the tibia and fibula, in order to put to the test the relative superiority of the two methods Flaps of sufficien length having been

obtained at the expense of some damage to the knife, which had to be kept very close to the bones about the knee, the femur was divided one inch above the condyles. The patient being allowed to lapse from the influence of chloroform, and without using any water or antiseptic lotions to the flaps whatever, they were simultaneously brought together, the left entirely by interrupted silk sutures and the right mostly by silver ones, with the view of testing side by side their comparative merits The results was as follows: The right stump with lateral flaps and silver sutures healed almost entirely by the first intention, and with out the slightest swelling, inflammation or suppuration, except close to the silk and at the lower angle of the wound about an inch extent which had been purposely left open to facilitate and admit of drainage. The wire maintained its hold longer and better than the silk, and did not appear to excite any visible ulceration of the tissues, while all the silk sutures that were used (some alternately with the silver) did so. What was most remarkable in this stump (the right) was that, from the first, he could move it about in every direction, and raise it almost at right angles with his body, and without any assistance, when being dressed with adhesive plasters. So complete was reunion at the end of two weeks that most of the stitches were removed, and scarcely a drop of suppuration had taken place. Not so desirable, however, was the behavior of the left stump by the circular method: here after 24 hours we had excessive swelling and tumefaction, extending up to the groin. The slight bruise on the top of the knee, before mentioned, had to be comprised in the flap; from this we expected some trouble, nor were we disappointed: a strip about 3 inches long by one in width became gangrenous on the third day, and established a large and deep sloughing surface, which, by stimulating and antiseptic dressings and frequent poultices, favored its early separation, so that on the 9th day it was entirely removed by the scalpel, sufficient flap remaining, however, to secure their potency, which was effected by the insertion of a few silver sutures, and at the end of five weeks from the time of the accident was almost entirely healed. The only topical application applied to the stumps was a weak solution of carbolic acid and water at each dressing, after the third day adhesive strips sufficiently tight to relieve tension from the stitches only, together with the roller bandages and pads or compresses over dependent parts of the flaps to prevent accumulation of fluid. Internally, from the first day, the treatment was sustaining, such as beef tea, milk and brandy, ale and porter. Occasionally an opiate was given at bedtime to procure sleep, and a saline purgative to open the bowels, which throughout were inclined to be costive.

The femoral artery alone of the right leg and the femoral and a muscular branch of the left were all that required ligatures. By employing the elastic bandage not a drop of blood was lost during the whole operation, a point which could not fail to have a favorable influence on the success of the case. I will here give its daily progress; July 16th (day after the operation), pulse 100, temperature 100, tongue furred; has passed urine freely, and had some disturbed sleep. July 17th, pulse small and rapid; bowels moved; opiate produced 4 hours sleep; wounds dressed; edges of flaps of right stump healthy and in perfect apposition, a quantity, of blood-colored serous fluid distending left flaps; left stump enormously swollen up to the groin. Ordered bladders of ice to the thigh and warm water dressings to end of stump, opiate to be given at night, milk punch and chicken broth to be taken at short intervals. July 18th, bruise on left flap looking gangrenous, stump still greatly swollen; were again dressed, and pad and bandage applied so as to prevent collection of fluid, also drainage tube inserted at lower angle of wound; pulse 90, becoming quieter; tongue clean; takes milk punch and beef tea every 3 hours; bowels continue costive, ordered saline purgative; right stump healing almost entirely by the first intention. July 19th sleeps better, pulse 98, temperature 101; takes nourishment freely, ordered glass of Bass ale night and morning; bruise on left flap going to slough; sits up and feeds himself; bowels moved, July 21st, pulse 85, temperature 100; swelling in left thigh continues, right looks well; continue treament. July 23, pulse 80, temperature 99; left stump discharging pus pretty freely, swelling going down; a weak solution of carbolic acid injected into wound of stump; right stump healing rapidly, no discharge from it. July 25th, much the same, sleeps well, is cheerful and hopeful. His affianced has assured him that

she is still faithful, and he says he will get married as soon as he is able to be around. July 27th, free discharge of laudable pus from left stump; pulse 88, temperature 99, appetite good; several inches of gangrenous slough removed with knife, granulations underneath clean and florid, lint soaked in solution of carbolic acid applied in and around wound; removed several sutures from right stump, which he holds up and moves about as if all right. Complains of pain in feet and legs, and fancies they are still attached. July 29th, swelling disappearing from left thigh, wound beginning to granulate; right stump completely united; removed the rest of the sutures. July 31st, pulse 100, temperature 100; has had no sleep owing to pain in feet und legs, ¼ grain of morphia to be given, also a tonic of quinine, nux vomica and gentian. Dressed stumps; right one entirely healed, left discharging freely but granulating nicely. August 2nd, swelling all gone, sleeps well, takes plenty of nourishment; pulse 78, temperature normal. August 5th, much the same, doing well, except pain in feet; legs to be dug up and changed in box, mental impression produced thereby is said to relieve this form of neuralgia, but in this case had no effect whatever as pain continues. August 8th, still complains of severe pain and cramping of the feet, and more particularly at the ankle joints, this is only relieved by morphia; right stump entirely well, and requires no further dressings whatever; left granulating and looking well; pulse and temperature normal. August 11th, had a chill in the night followed by fever, pulse 100, temperature 102; every one in the house has ague; gave quinine in 4 grain doses every 3 hours. August 14th, pulse 68, temperature normal; fever left, after taking about 24 grains of quinine; still complains of great pain in feet, the right the worst; left stump healed all but about one inch, applying carbolized glycerine; appetite good. August 19th, the patient was removed to his mother's house to-day, sits up and can lie on either side; eats well, and would be all right were it not for those feet. August 23rd, visited patient for last time, both stumps entirely healed, and is able to go out in a buggy; has lost considerable flesh while laid up, but feels as well as ever.

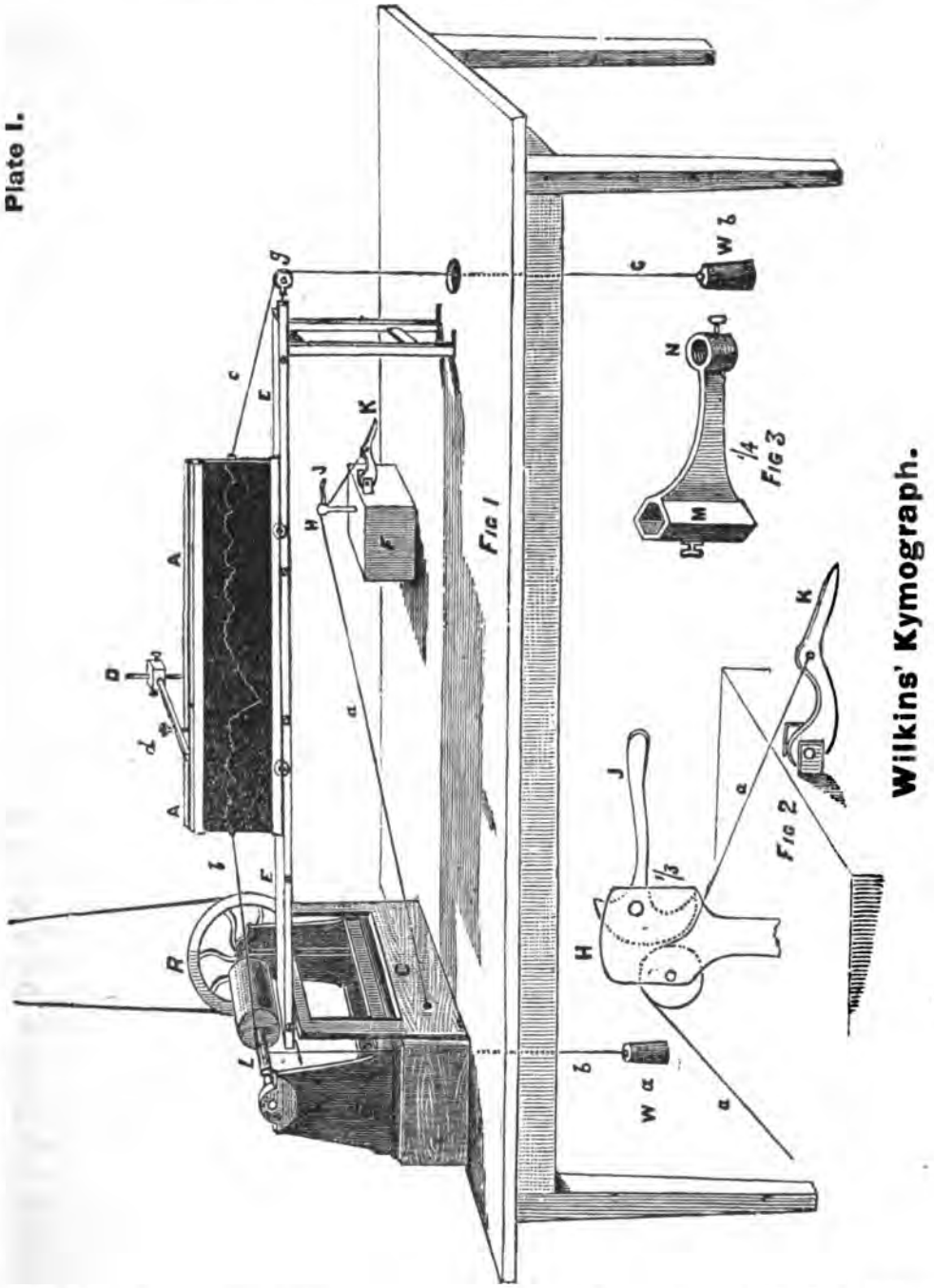
NEW KYMOGRAPH.

By George Wilkins, M.D., M.R.C.S., Eng., Professor of Pathology and Lecturer in Practical Physiology University of Bishop's College.—Physician to the Montreal General Hospital.

The apparatus which is illustrated in the accompanying plates is intended to facilitate the demonstration of physiological experiments to a class of students. Anyone in a room capable of containing two or three hundred persons will be able to read without difficulty the tracings of the various pens.

It differs from other kymographs in many important particulars. The surface upon which the tracings are taken is *white* glass, smoked. The motor power is a small water engine, which drives the wheel R (see Plates I. and II.) connected with the shaft of the iron stand B. This shaft carries round with it the moveable iron cylinder or drum L only when the clutch P (Plate II.) is allowed to come in contact with this cylinder. As this drum revolves it also carries with it the cord *b b*, which is wound around it once only, and has at one end the weight W *a* and at its other end the recording glass plate A A. This plate travels on the rounded edge of a rod of iron, by means of small grooved wheels, concealed in the lower border of the frame in which the plate is inserted. This rod, which is one-quarter inch in thickness, one inch in breadth, and six feet in length, is fastened by means of screws to the walnut support E E. By depressing the handle K the cord *a a* draws out the clutch P by means of the lever Z Z, (Plate II.), thus releasing the cylinder L, which is immediately brought to a stop, and with it the recording plate, although the wheel R continues to revolve. The cord *a a* is held for any length of time in this position by means of the cam H. (Figures 1 and 2, Plate I.) The slightest touch on the under surface of the handle J of this cam causes it to relax its hold on the cord, when the clutch P is again brought, by means of the spring S, (Plate II.), in contact with the cylinder L, which again revolves. The rate of speed is regulated with the greatest ease. The water engine I have in use will run from two or three revolutions to several hundred in a minute. I turn on sufficient water to get a speed of exactly sixty a minute; the movements are kept perfectly steady and regular by a heavy fly-wheel four-

teen inches in diameter. I have several different sized speed-wheels adapted to the other end of the crank, one of which is exactly three inches in circumference, *i. e.*, a fraction



inches. Therefore, the engine making sixty revolutions in a minute, the wheel R will make exactly six revolutions in the same space of time. Three and one-third inches (the circum-

less than one inch in diameter. The wheel R of the iron stand B is thirty inches in circumference, and the smallest circumference of the cylinder L (Plate II.) is three and one-third

ference of the small iron cylinder) multiplied by six, will be twenty inches, the distance which the recording surface will have been drawn in one minute, that is, one inch in three

seconds. This is the rate of speed of the slow axis of the kymograph of Burdon-Sanderson which I have in use and of others. The apparatus can be used with equal facility in experiments illustrating rapidity of nervous influence. Suppose we wish the recording surface to travel with the same rapidity as the swiftest axis of Sanderson's kymograph, that is, forty revolutions in a minute, equal to twenty inches in a second and a half. First, approximate the plate A A to the stand B, so that it will be three or four inches from the end of the iron bar along which it travels. Now place beneath the weight W *a* a box containing a few layers of cotton wool. Have it elevated so as to permit the weight to rest on the wool. Push recording plate to its proper position for commencing tracing. Place on shaft of engine a wheel ten inches in circumference. Increase the speed to 120 revolutions per minute. Let the wheel R be one-half former size, and place cord *b* around larger circumference of iron cylinder, which is three times the size of smaller one. You have then increase of speed represented by $3\frac{1}{3} \times 2 \times 2 \times 3 =$ forty times as fast as previously; or simpler still, let the fly-wheel, as in my engine, have three different speed grooves—one, thirty inches in circumference. Connect this with the wheel R; do not remove the cord *b* from the smaller circumference of cylinder L, but increase speed of engine to 240 per minute, that is to say, four times speed first mentioned. You then have 10×4. equal forty times previous speed. It can be arranged a number of other ways that will readily suggest themselves to the experimenter when at work. Numbers of revolutions of wheel over 120 or so, which cannot be readily counted with watch, can be ascertained and fixed at any number with the greatest ease by use of the speed indicator, a small instrument used by machinists.

The recording surface can readily be placed in position any number of times without interfering with the motion of the wheel R, simply by depressing the handle K and thus removing the clutch from the cylinder L, and then with the hand pushing the plate back towards the pulley *g*; while doing so, slightly tilt the stand holding recording pens so that they do not write on plate.

To take tracings, the apparatus must be placed between the window and the observers, when the tracings come out boldly through the white glass. Or, as the duties of private practice compel me to do most of my laboratory work at night time, it can be illuminated by gas, as I have it; three jets fixed on a brass tube which is connected by rubber with the gas in my laboratory, and so attached to the frame A A that it can readily be dismounted and connected with another similar recording plate.

The manometer is clamped to a T shaped brass rod, one end of which fits into the opening N of the support M (Plate I., Fig. 3), which can be clamped at any height to an ordinary retort stand. Repeated tracings can be taken by altering the height of clamp M and pushing back plate A A, tilting slightly the stand holding recording pens while doing so, as previously stated.

Other recording pens, such as electro-magnetic marking key, Marey's tambour, &c., can readily be attached to supports similar to M. having a small rod fixed permanently in N.

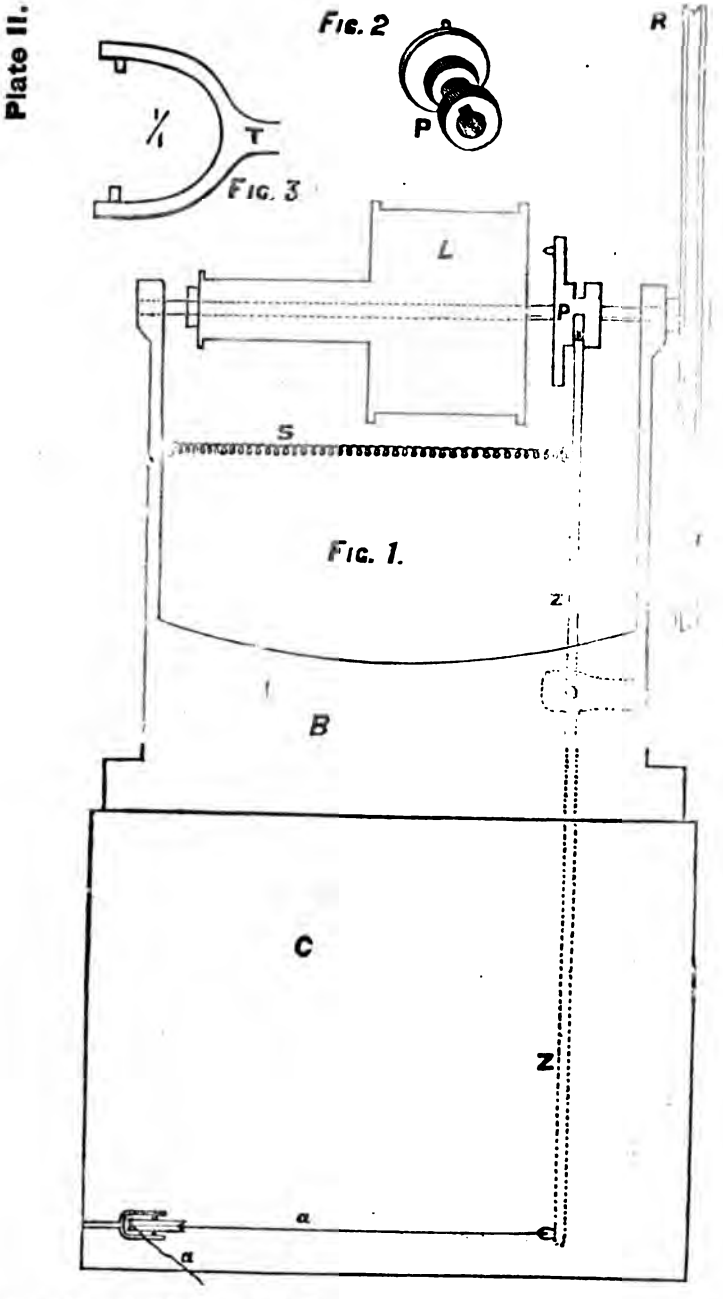
The cord *a a*, passing through the cam H, although here represented above the table, would be better placed out of the way running beneath the table, the lever Z being prolonged so as to project an inch or so beyond its under surface; the cord made to pass over pulley wheels through an opening in the table close to F.

As most of the more important experiments are performed while the animal is under the influence of curare, artificial respiration apparatus is necessary, and for that purpose nothing is simpler or easier than Grehant's apparatus, arranged as figured in "Cyon's *Methodik der Physiologischen Experimente und Vivisectionem*," Plate IX., Figure 1, which can be worked easily by a small water engine such as I have in use. Both water engine and respiration apparatus can be arranged in any convenient place out of the way. In my laboratory the engine is placed on a shelf over the sink, and power transmitted overhead by small shafting and belting to Grehant's apparatus, which is on an elevated shelf, air being conveyed from it by rubber tubing. Power is also transmitted over head to wheel R of kymograph.

The engine and respiration apparatus could with equal facility be arranged on a small stand beneath the operating table, or, as I had it at a recent meeting of the Medico-Chirurgical Society

in this city, on a stand behind the framework of kymograph, the connections between the engine keeping both it and wheel R of kymograph in constant and steady motion.

Plate II.



ordinary water tap and engine being made by garden hose. At this meeting, while preparing and demonstrating some of the functions of the pneumogastric nerve on one rabbit, I had another rabbit for over three hours under the influence of curare, kept alive by the artificial respiration apparatus referred to above, the water

DESCRIPTION AND MEASUREMENTS OF VARIOUS PORTIONS OF APPARATUS. (PLATES I. AND II.)

A A—Walnut frame, holding a plate of flashed opal glass (same as the so-called white "porcelain" lamp shades). Outside dimensions of frame—1 inch thick, 36 inches long, and 11

inches wide; the glass itself is 36 inches in length by 8 inches in width. The front view of ends are made flush with groove holding glass. Two solid brass wheels, one inch in diameter, are placed in sockets in lower portion of frame, while upper portion has a groove ¼ inch wide and same depth, into which the small pin *d* fits. This pin keeps plate perpendicular as it moves. Ends of frames have each a small screw-eye inserted, to which the cords *b* and *c* can be readily hooked on.

B—Iron stand 8 inches high, 7½ inches between ends; breadth of ends, 5 inches. This stand carries the shaft, ½ inch in diameter, to which the wheel R is connected, and upon which the cylinder L is freely moveable. Fig. 1, Plate II., is a diagramatic sectional view drawn one-third natural size.

C—Walnut stand, one side 14 inches high, to support one end of stand E E. That part upon which B rests is 7 inches high.

D—Iron rod screwed to a small iron plate in posterior edge of stand E E. At its upper end an iron block is seen, which can be clamped at any height to suit frame and length of small pin *d*. The thumb-screw to the left clamps a brass rod, through the front end of which the pin *d* passes. In the woodcut, the brass rod appears to project from the centre of the block, whereas it should be represented to one side, so as to be able to be passed completely through it. By regulating the distance of *d* from D with this rod and the use of a plumb-line, before commencing experiments, the recording plate can be readily placed exactly perpendicular. The pin *d* fits a groove in the upper border of the frame holding the plate A A, and keeps it in the same perpendicular plane as it moves.

E E—Walnut board 1 inch thick, 5 inches wide, and 6 feet long, supported to the right by two legs, the left end resting on stand C. A small iron bracket connects one of these legs with the table on which the stand rests, and keeps it perfectly steady. To the front edge of this board an iron rod, 1 inch wide, ¼ inch thick, and 6 feet long, is attached by screws. The frame A A travels on the upper edge of this rod, which projects about ¼ of an inch above the surface of the board, and is rounded to fit the wheels in the frame. To the extreme right of the rod a small brass pulley *g* is attached, over which the cord *c c* passes. The object of the board is to prevent any "springing" movement of the iron rod.

F—A small walnut box, open only on the side, opposite the letter F, containing a square block of iron of sufficient weight to overcome the resistance of the spring S, Plate II.; the weight obviates the necessity of screwing box to table, and permits it being placed in any desired position to have suitable tension on the cord *a*.

H—Cam and pulley wheel over which the cord *a a* passes, shown one third natural size in Fig. 2, Plate I. The groove in both should be slightly roughened, so as to hold cord more securely.

In Fig. 1, Plate I., the cord *a* is shown passing directly from the cam to an opening in the stand C through which it passes; then over a pulley screwed into the near end of the stand as seen in Fig. 1, Plate II., to the lower end of the lever Z Z.

M—Plate I., Fig. 3, cast iron support for retort stand. In the opening N, a T shaped brass rod is inserted, to which mercurial manometer is clamped.

L—Plates I. and II., a cast iron cylinder, 5 inches long, 2½ inches of which is 3⅛ inches in circumference; the rest, three times this dimension. The surface facing the clutch P has a number of shallow conical depressions bored out, by means of which the small projecting pin in the clutch at once catches the cylinder, when the cord *a* is released from the cam H. When the clutch is not in contact with it, the cylinder can be made to revolve in either direction, independent of the movement of the shaft upon which it rests.

In Fig. 1, Plate I., the cylinder is not drawn in correct proportions. The sectional drawing, L, Plate II., is a true representation one-third size.

P—Plate II. Clutch. Fig. 2 shows end view of a groove which passes through its centre and fits a very small iron rod that is made fast to that portion of shaft to the right of the cylinder L. By means of this rod and groove the clutch is made to revolve with the wheel R, and at the same time permits sliding movements.

R—Wheel 30 inches in circumference. Ordinary sewing machine belting connects it with water engine, either directly or indirectly through shafting over head.

S—Plate II. Spring by means of which clutch

is brought in contact with L when cord *a a* is relaxed from cam.

T—Plate II., Fig. 3. End of lever Z, adapted to circular groove on outside of clutch. Natural size.

W a, W b—Weights for the purpose of keeping steady the motion of the plate A A. W *a* also, by its weight, causes sufficient resistance and friction, with one complete turn of cord *b* around cylinder L, to exercise traction as it revolves; the moment W *a* is arrested in its descent by support of any kind no traction is exercised on A A, although L continues to revolve. To prevent any possibility of plate A A being carried beyond pin *d*, Plate I., in the onward movement of the plate, the cord *b b* should be of such a length that the weight W *a* touches the floor when the pin is within an inch of the right hand extremity of plate; it will then be unnecessary to depress handle K to arrest the movement of plate, as it will stop itself the moment the weight touches the floor. In experiments where the plate A A is caused to move very rapidly, it is advisable to have the descent of the weight arrested three or four inches before it touches the floor by something placed beneath it, such as a box containing cotton wadding or sawdust, upon which the weight falls. The wadding or sawdust deadens any sound that might be produced by the rapid descent of the weight. In experiments requiring but slow movement of the recording plate, the weight descends so gently that no sound whatever is heard.

W *a* weighs 3 lbs. W *b* should be about 12 ounces heavier. The structure of the cords B and C is important in ensuring perfectly steady motion of A A. I have tried catgut and various other materials. The ordinary silk-covered flexible wire, formed of a number of strands of fine wire, such as used in connection with Faradic machines, I find much the best, and to answer every purpose.

Water engine, Grehant's apparatus for artificial respiration, and this kymograph, can all be made for a considerably less sum than will have to be paid for the ordinary clockwork kymograph alone.

The water engine takes up very little space. Without fly-wheel, its measurements are 11 inches high, 7 inches broad, and 5 inches wide.

It is desirable to have three or four extra plates of glass fitted in frames, which can be readily placed in position as each plate is finished with.

In using this recording plate in experiments such as stimulating the pneumogastric, there are two very great advantages. The tracings immediately preceding stimulation can at once be compared as they are being made with those following it, shewing the effect of the stimulation. They can also be seen by a large number at the same time. Another very great advantage is the surface which can be used for tracing purposes is nearly three times the size of that in the cylindrical kymograph. The recording plate can be pushed back any number of times and by altering the height of the manometer or other pens in use, fresh tracings can be taken. If desirable the plate could be made much larger and worked just as well, it could easily be made several inches wider and in no way interfere with its action.

To see the prominence with which the tracings come out on the glass, one has only to smoke the outside of one of the white glass shades used with the "student lamp," and make tracings with a needle, holding the shade either between the window and the observer or in its place on the lighted lamp.

In the *International Review* for April, readers will find of political as well as general interest, articles on "Mr. Gladstone," "The Nihilists of Russia," "The Gothenburg Liquor-Licence System," and "TAMMANY HALL;" of general interest, Henry James, Jr.'s article on "The Letters of Eugene Delacroix," Sarah W. Whitman's highly appreciative sketch of the artist, "William Morris Hunt," and the article on "Contemporary Literature;" and of special scientific interest and importance, Prof. E. S. Holden's review of "Dr. Gould's Argentine Uranometry," showing recent astronomical progress in South America, and Dr. Cushing's "Sun-Spots and Epidemics." The previous number having prescribed a brake on the Republican machine, the *Review* very properly presents in this number a vivid picture of "The Democratic Machine," viz. Tammany Hall.

The entire number will be found excellent reading and full of information of a kind which it is important for everybody to have.

The price, by mail, is fifty cents, and the *International* is for sale by newsdealers and booksellers, or sent by mail post-paid, on receipt of price, by the publishers, A. S. Barnes & Co., 111 & 113 William Street, New York.

Progress of Medical Science.

ON THE TREATMENT OF ACUTE RHEUMATISM BY SALICIN AND SALICYLIC ACID.

By Dr. T. J. Maclagan, Examiner in Medicine to the University of Aberdeen.

Two questions are frequently put to me: First—Are salicin and salicylic acid antipyretic? and, if so, is their beneficial action in acute rheumatism due to their antipyretic effect? Secondly—Which is the better preparation, salicin or salicylic acid? The questions are important. I shall answer each in detail.

First, as to their antipyretic action. Fever is a collection of different phenomena whose co-existence constitutes the febrile state. Of these phenomena the most essential and most prominent is rise of temperature. Hence fever has been defined as *calor præter naturam;* and one whose temperature is above the normal is said to be feverish. A remedy which reduces or removes this abnormal rise is said to have an antipyretic action. Such a remedy may act in one of two ways. Either it may remove the condition—*i.e.*, cure the disease—to which the rise of temperature is due; or it may reduce the temperature of the body without curing, or even curtailing the duration of the malady. An instance of the former we have in the treatment of intermittent fever by large doses of quinine. An instance of the latter we have in the action of the same drug in some other forms of fever. A further and more striking example we have in the external application of cold to the febrile body. Though salicin and salicylic acid do sometimes have an antipyretic action their effect in this way is not marked, and is not to be compared to that of quinine. I have given both salicin and salicylic acid frequently and freely (thirty grains every hour for six hours, and every two hours for three or four days) in typhus, typhoid, cerebro-spinal fever, scarlet fever, diptheria, and pneumonia, and in no case was there ever produced any decided antipyretic effect. On several occasions I have seen the temperature pulled down (temporarily of course) two or three degrees by a couple of ten-grain doses of quinine, after frequently repeated thirty-grain doses of salicin and salicylate of soda had failed to have any influence on it. My answer to the first question, then is—No; salicin and salicylic acid are not antipyretic to any useful extent. They are antirheumatic; and their beneficial action in acute rheumatism is due, not to their allaying the fever, but to their putting a stop to the whole process of the disease, and to all that constitutes it—the fever as well as the other symptoms. As a rule, relief of pain precedes fall of temperature.

Second, Which is the better remedy of the two? It was in November, 1874, that I began to use salicin. When, a little later, salicylic acid was introduced as an antiseptic, and before anything had been written of its antipyretic action, I tried it too as a remedy in rheumatism. It benefited the rheumatism, but caused at the same time so much irritation of the throat and stomach that I abandoned it in favor of salicin, and did not try it again till after the publication of Stricker's observations. For the last three years I have used the two remedies in about equal proportions. The result has been to convince me that salicin is the better remedy of the two. As this is not the generally accepted view, it may be well to indicate, first, the reasons why salicylic acid is more used than salicin; and, second, my reasons for regarding this preference as misplaced.

Salicin is prepared from the bark of different species of willow. The bark is removed in spring, when it contains the largest quantity of the bitter principle, so that the quantity in the market during the summer represents all that is to be had till the following spring. Previous to the publication of my paper, salicin was scarcely ever prescribed, and was kept by chemists chiefly as a curiosity. There was very little of it in the market. At that time I resided in Dundee. Before publishing my paper, I asked the leading chemists there to lay in a good stock of the drug, as I anticipated there would be a considerable run upon it. They did so, and I thus had the advantage of having at my disposal for further observation a good supply of the pure drug. The anticipated result took place. There immediately sprang up a great demand for it. The price when my paper was written was two shillings an ounce. It speedily rose to six, eight, and even twelve shillings; and ultimately ceased for a time to be quoted in the druggists' monthly lists. The demand far exceeded the supply, and no more bark could be had till the following year. And yet chemists continued to prescribe it. They could not have prescribed pure salicin, for it was not to be had. The combination of rise in price, great demand, and insufficient supply, lead to the usual result of such a combination—adulteration. The substance used for this purpose was boracic acid, and much of what was sold as salicin was, I have been informed, a mixture of boracic acid and salicin, or even of boracic acid and quinine. For this English chemists were not to blame. Salicin was made at that time only in Germany, and was probably prescribed here by retail chemists just as it was imported. To this adulteration of the drug is probably due the unsatisfactory results which some physicians got from it at the time to which I refer. It is now manufactured largely in this country as well as in Germany, is back to the old price, and there is

not the same temptation to adulterate it. Those who were formerly disappointed I would ask to try it again. The high price of salicin and the difficulty of getting it led to the free use of salicylic acid, which could be got cheaply and in any quantity by the new mode of preparing it from carbolic acid.

As anti-rheumatics the two agencies are on a par; acute rheumatism seeming to be as effectually and as speedily cured by the one as by the other. Equally good effects being got from both, it necessarily followed that the cheaper and more easily procured remedy got the preference over the dearer and scarcer one. Thus salicylic acid came into more general use than salicin. But there was yet another reason for this. Immediately after the publication of my original paper, Senator drew attention to it in an article in the Centralblatt, in which, as well as in a subsequent and more elaborate communication in the Berlin Klin. Wochenschrift, he expressed his preference for salicin as being more efficacious than salicylic acid. He further gave it as his opinion that salicin is converted into salicylic acid in the blood; and that its greater efficacy is due to the fact that it thus exercises its remedial action while in the nascent state. This idea of Senator's, that salicin is converted into salicylic acid in the blood, and that salicylic acid is therefore the true remedial agency, has been accepted by the profession with a readiness which, considering the absence of evidence to support it, is to me surprising. It is a mere hypothesis, in support of which Senator has brought forward nothing worthy of the name of evidence. The fact that a blue color is got when perchloride of iron is added to the urine indicates, not that salicylic acid has been taken or formed, but merely that one of the salicyl compounds exists in the urine; salicyluric acid, salicylic acid, salicylous acid, saligenine, would all give the same coloration. The fact remains, however, that Senator's idea was accepted; and that it was, and is, generally believed that salicin owes its anti-rheumatic virtues to its being converted into salicylic acid in the blood. His further idea, that the nascent salicylic acid thus formed is more potent than that taken by the mouth, does not seem to have been so readily grasped or understood. If, it has been argued, salicylic acid be the true remedial agency, why not give it at once and directly, instead of in a roundabout way? The result of this mode of reasoning has been a preference for, and the more general employment of, salicylic acid. It is curious to find that Senator himself prefers salicin, while those who pretend to follow him prefer salicylic acid; and that his reason for preferring the former is regarded by them as a reason for preferring the latter.

As already remarked, Senator's idea is a mere hypothesis. It is quite possible that salicin may be converted into salicylic acid in the blood; but it is not impossible that salicylic acid may be converted into salicin; and more likely than either is it that both are converted into some other third substance. But there is no need for any such hypothesis. It is quite within the bounds of probability that two allied substances, such as salicin and salicylic acid, should exercise an equally beneficial action in a given malady; and our recognition of this remedial action does not impose upon us the necessity of denying the separate and independent action of either. The fact is that we know nothing certainly either of the changes which salicin and salicylic acid undergo in the system, or of the manner in which their anti-rheumatic effect is produced.

But I would do more than deny the existence of evidence in favor of Senator's view; I would assert the existence of positive evidence against it. For if that view were correct, if it were the case that salicin owed its therapeutic effects to its being converted into salicylic acid in the system, then ought both remedies to have the same action on the system. Now, though their action on the rheumatic poison is the same, their action on the system is not so, as is evidenced by the different results which are frequently got from their separate administration.

1. It is a fact that salicylic acid and salicylate of soda not unfrequently give rise to considerable and even alarming depression. Such an untoward effect is not produced by salicin. From a therapeutic point of view this is one of the most important points of difference between the two remedies In a disease, such as acute rheumatism, in which the heart is apt to be involved, the absence of this tendency to cause depression points out salicin as a much safer remedy than salicylic acid. Its superiority in this respect is specially referred to by Senator, who, curiously, does not seem to see that the fact to which he directs attention is a strong argument against his view that salicin owes its therapeutic virtues to its being converted into salicylic acid in the system.

Of the depressing action of salicylic acid many instances are recorded. Several have come under my own notice. The following is of value as the unbiassed evidence of an intelligent, well-informed medical man, founded on his own experience of the two drugs. My friend and then neighbor, Dr. Sinclair, of Dundee, now physician to the infirmary of that town, suffered from an attack of sabacute rheumatism last December. Before I saw him he had been taking salicylate of soda in twenty-grain doses with relief to the pain; but it so depressed him, and made him feel so wretched, that he said he could not go on with it. I recommended salicin instead. He took it in even larger doses than the salicylate, with

speedy relief to his rheumatism and without any untoward effect. On the contrary, he seemed, under its influence, to regain strength and appetite, and was soon quite well. The following is his own statement, given with his permission:—"Both drugs relieved the pain, tenderness, and swelling, when taken in full doses frequently repeated. But the salicylate, which I employed first, produced some very unpleasant effects. The taste I found to be disagreeably sweet and nauseous. After taking several twenty-grain doses, a copious perspiration was produced; the strength of the pulse was very distinctly diminished, while its frequency was increased; and a feeling of most uncomfortable depression, with singing in the ears, ensued. Indeed, I hardly knew whether the disease or the remedy was preferable. Salicin, on the other hand, has a pleasantly bitter taste; it improved the tone of my pulse and digestion, and relieved the pains more rapidly. Neither drug gave any relief except when taken in twe nty or thirty-grain doses every hour for from six to twelve consecutive hours. It may be sa d that, had I taken smaller or less frequently repeated doses of the salicylate, I might have escaped all the disagreeable effects except the taste—itself no small matter. But such doses produced no effect on my rheumatism. To my mind one of the great merits of salicin is the absolute safety with which large doses can be taken. In the course of one period of twenty-four hours I swallowed an ounce of it with nothing but benefit."

I have seen salicylate of soda produce very alarming depression, closely resembling that of the typhoid state. Not long ago I saw in consultati on a case in which it was a question whether the fatal result was not due to the depressing action of the salicylate. By some this effect has been attributed to the presence of carbolic acid, consequent on faulty preparation. Such an explanation may have been applicable to some cases, but is not so to all. I have more than once seen marked depression produced by a solution of salicylate of soda in which no trace of such impurity could be found, and which was given to another patient in the same dose without causing any unpleasant effect. The worst effects that I have ever seen follow the administration of large doses of salicin are a sense of fulness in the head and singing in the ears; such symptoms as are commonly produced by large doses of quinine.

2. Further evidence against Senator's views of the mode of action of salicin we have in the fact that salicin cures cases of chronic rheumatism and of neuralgia in which salicylic acid fails to produce any effect on the ailment. Two instances I shall give by way of illustration.

Mrs. R—, aged thirty, the mother of four children, had rheumatic fever when she was sixteen, and again when twenty-two, shortly after the birth of her eldest child. Since then she has been subject to chronic pains, which are worse in damp weather, and affect chiefly the back and thighs. When seen in May, 1878, she complained cheifly of the thighs, the rheumatic affection seeming to have its seat in the fascia. She moved about the house with some pain and stiffness, and was unable to go out. The temperature was normal. There was some prolongation of the first sound at apex. I gave her twenty grains of salicin every two hours. The next day the pains were much less, and on the following day she felt quite well. She took twenty grains of salicin three times a day for ten days, and at the end of that time expressed herself as feeling better than she had done for years. In November of the same year I saw her again, suffering in the same way. This time I gave salicylate of soda in the same dose as I had formerly given salicin, twenty-grains every two hours. On the following day she was no better, but complained of feeling weak and giddy. She begged me to give her the powders again. I gave her twenty grains of salicin every two hours, and on the following day found her much better, the pains nearly gone, and the giddiness entirely so. She was quite well in two days.

A lady consulted me regarding a periodic neuralgia affecting the left supraorbital nerve. The pain came in the evening. She had taken many remedies. Quinine removed the neuralgia, but gave her such intense headache, and made her so ill for days, that she dreaded its effects quite as much as the neuralgic pain. I gave her thirty grains of salicin every two hours. On the evening of the day on which she began to take it the pain returned as usual, but she thought it less severe, and it lasted for a shorter time. She went on with the salicin, and the next evening there was no pain. She remained well, but continued the salicin every four hours for some days. Three months later the pain returned in the same nerve, and had the same periodic character. This time I gave salicylate of soda in the same dose, thirty grains every two hours. It made her head feel very heavy, and herself very uncomfortable but did no good to the pain, though she continued it for two days. At the end of that time it was omitted, and salicin given in the same dose, and with the same result, as before. The pain vanished, and did not return.

In the face of the evidence which has been given, it seems to me impossible for us to accept Senator's view that salicin is converted into salicylic acid in the system, and that it owes its therapeutic virtues to such conversion.

Salicin and salicylic acid are two distinct substances. Being so, they not unlikely have different actions on the system. It is possible that they may be eliminated from the system in the same form. There is some evidence to

show that such is the case, and that both are eliminated as salicyluric acid. But it is to be specially noted that their therapeutic effects have been produced, and their full action on the system exercised, before they have reached the stage of elimination and before they have undergone the changes which immediately precede it. Observation and evidence show that their action on the system is different—that the action of salicin is tonic, while that of salicylic acid is depressing, sometimes alarmingly so. This difference, be it noted (and the point is an important one), is quite compatible with their exercising an identical action on the rheumatic poison, and evidence all tends to show that their action in this respect is the same. To get the full beneficial effects of either remedy it is necessary to give it in large and frequently repeated doses—twenty to thirty grains, at first every hour, and then every two three, or four hours, as the symptoms decline. Salicylic acid and salicylate of soda cannot be given in such dose without some risk. Salicin may thus be given without fear.

The practical issue with which we have to deal is thus a very narrow one. Given two remedies which cure acute rheumatism with equal certainty and equal speed, but which, independently of their anti-rheumatic effect, exercise different actions on the system, which shall we prefer—that which has a tonic, or that which has a depressing action?—that which gives rise to no unpleasant effects, or that which may cause alarming, possibly fatal, depression? It may, indeed, be said that such large doses are not necessary. My answer is, that to get the full beneficial effects of either salicin or salicylic acid in acute rheumatism, such large doses *are* necessary. By smaller doses—ten or fifteen grains every hour or every two hours—an attack of acute rheumatism may be arrested in two or three days. But let the remedy be given in the larger dose, and the process of the disease may be arrested in half the time. In a malady which tends to involve the heart and entail on the patient the terrible results of an endocarditis, every hour is of consequence. Cut the malady short in one day, and you may ward off cardiac complications which may appear if it lasts for two or three. It takes about an ounce of salicin or of salicylic acid to cure a case of acute rheumatism. The sooner this quantity is got into, or rather is passed through, the system the better. My practice now is to give thirty grains every hour. By the time that an ounce has been thus taken—that is, in sixteen hours—the patient is generally free from pain, and the temperature at or near the normal. I then give thirty grains every two or three hours till another ounce is consumed. After that thirty grains are given three times a day for a week or ten days, to guard against the possibility of relapse. Not unfrequently the patient feels better after three or four powders have been taken, and is practically out of the attack before the ounce is consumed. In such cases the interval between the doses may be widened after six or eight have been taken. Such is the course of events in favorable cases, and almost invariably their course in young subjects who have not previously suffered, or have done so only once or twice. In older subjects, who have had frequent and long-continued attacks, the acute symptoms may be as speedily allayed, but convalescence is more tardy and more apt to be interrupted. Cases treated by salicin seem to convalesce and pick up more quickly than those treated by salicylic acid or salicylate of soda.

Other of the salicyl compounds besides salicin and salicylic acid are available, and may prove of service. To only one of these would I now direct attention. Growing abundantly during the summer in our meadows, and by the sides of streams and ditches, is found the common meadow-sweet, the Spiræa ulmaria. The flowers of this plant contain a peculiar oil called oleum spirææ. This oil is salicylous acid. It is a slightly colored mobile liquid. Taken alone or dissolved in spirit, it has a hot, pungent taste. Like salicylic acid, it causes some irritation of the throat when swallowed. From the few observations which I have made, I am disposed to think that an infusion of the flowers of the meadow-sweet may prove a serviceable remedy in rheumatism. As the plant will soon be in flower, I throw out the suggestion now in the hope those who have the opportunity to do so may test its efficacy.—*Lancet*, *June* 21, 1879, *p.* 875.

MANAGEMENT OF NATURAL LABOR.

By P. W. Logan, M.D., of Stanford, Ky.

In order to fully understand and manage skillfully a natural labor, we should thoroughly acquaint ourselves with the pelvis and the entire generative sphere. We should correctly appreciate the normal dimensions of the fœtal head; at the same time we must be ready to recognize every abnormal condition present or possible to arise. A thorough knowledge of the true pelvis and Carus curve is imperatively demanded. Dilation of the os uteri constitutes the first stage of labor. Uterine contractions alone complete and perfect this stage. It is therefore wrong and unnecessary to exhort a female in labor to bear down, until the second stage of labor has begun. This act is evidenced by expulsive pains, which are made up not only of uterine contractions, but also the contraction of the abdominal muscles and the diaphragm. We must distinguish true from false pains in

order to decide the question as to whether the woman is in labor. If labor has begun the neck of the uterus will have been obliterated as it were, the os tincæ rendered ductile and thin. In order to ascertain the condition of the uterus, etc., we must make a digital examination. This examination is best made while the patient is upon her side, this position being less embarrassing than any other. While making, the examination,we are to ascertain, if possible the presentation and position, relative proportion of fœtal head to the pelvic excavation, condition of soft parts, etc.

A natural labor is a labor which is accomplished by the natural powers of the system, beginning at about the two hundred and eightieth day after the last show of the menses, or the one hundred and fortieth day after a quickening, and generally terminating without interference or assistance. We will not speculate upon the proximal causes of labor. Presentations of the vertex, face and breech, constitute the normal presentations of the fœtus, all other presentations being classed under the head of preternatural labor. Hemorrhagic labor, placenta prævia, concealed hemorrhage, post partum hemorrhage, hemorrhage following delivery of after birth, hourglass contraction, convulsions, exhaustions, cramp, prolapse of cord, carcinoma uteri, fainting, hernia, engagement of loop of intestine in front of womb, twins, triplets, monstrosities, version, deformed pelvis, rupture of uterus, etc., being treated under the head of preternatural labor, will not be included in this paper. In attending a labor, a physician should absent himself from the lying-in apartment as much as possible, from the fact that many times his presence embarrasses the patient and retards labor. The patient should be inspired with confidence and made as comfortable as possible, being allowed cold drinks, plenty of fresh air, cold sponging of hands and face, light covering, etc.

Should the rectum and bladder be in a loaded condition, their contents should be evacuated. In case of reluctant dilation of the cervix, venesection, aperients, injections, or the administration of castor oil is necessary. Castor oil, administered under those circumstances, "seems to relax the force of the retentive fibers of the uterus, just as it does that of the sphincter ani muscles. It encourages the expulsive powers of the womb as it does that of the colon, rectum, etc. Chloroform we find a good relaxing agent. Professor Thomas always gives his parturient patients chloroform, while in labor, usually beginning its administration when the expulsive pains set in, and states boldly that he has never witnessed any deleterious results from its use. He asserts positively that chloroform will do no harm when a female is suffering severe pain, if its administration is deferred until expulsive pains begin. The more intelligent physicians of to-day agree with him upon this subject. Pressure upon the fundus of the uterus increases tenesmic force and overcomes obstruction. The position of the parturient female exercises great influence on the progress of labor, it being frequently hastened by changing the patient from the side to the back and vice versa, or allowing her to walk. Should the patient remain upon the back during labor, the shoulders should be considerably elevated in order to cause the fœtus to properly engage in the pelvic excavation and follow the direction of Carus' curve. A woman who lies upon the back with the head and shoulders low, may suffer for hours unnecessary pain, from the fact that the axis of the superior strait in this position is disregarded. The fœtal head should always enter the pelvic excavation in a flexed position. Should the flexion and rotation not be sufficient, we must make traction upon the parietal ledge, thereby bringing the vertex to the proper position. To accomplish this the vectis is sometimes necessary. Should vaginal vesicocele supervene, lift up the uterus, thereby allowing the bladder to empty itself and the vesicocele will vanish. In the management of this trouble we have succeeded with the gum catheter when the metallic instrument was of no avail. When the perineum resists the expulsion of the head, it should be relaxed by the application of "mucilaginous fomentations to the genital region; by relaxing drinks, anodynes, emolient enemata and the warm bath." As a rule, when the pains are strong we must wait patiently.

The perineum should not be supported until it is somewhat on the stretch; then it should be supported in such a manner as to cause extension, from the fact that extension begins when the head reaches the floor of the pelvis or perineum, and continues until restitution is reached. The support of the perineum should be gentle and well directed, as too much pressure in the wrong direction might lead to its laceration. We gain time and assist in the expulsion of the head, by slightly pressing the vertex down with the aid of a napkin, so that it can pass under the arch of the pubis, thereby diminishing the pressure of the head against the perineum and hastening labor.

In case the cord is around the neck, pull the yielding end and pass it over the head or shoulders. Sometimes the cord is so tightly drawn around the neck as to endanger the life of the child or interfere with labor, in which event it should be cut immediately and tied after delivery. This, however, is *very rarely* necessary. The child, after being expelled, should be removed out of the reach of the liquor amnii, blood, etc., to prevent its suffocation. Should the child be still-born, efforts at resuscitation should be made as soon as possible, by applying hot water and turning it from side to side, as in Marshall Hall's ready method, by dashing

cold water upon it, and if necessary, resorting to artificial respiration. Efforts at resuscitation should be continued until we are certain that the child is dead. Immediately after the delivery we should place one hand over the hypogastrium, for the purpose of ascertaining whether there is another child, and whether there is sufficient uterine contraction to expel the placenta. Kneading the uterus through the abdominal parietes will almost always effect good contractions, after which we can safely wait a short time for the unaided delivery of the placenta. Should the placenta seem slow in being expelled, pressure should be made over the fundus of the uterus, which will force the organ down into the pelvic excavation. Frequently we succeed best by continued pressure, as interrupted pressure is attended with ascent of the uterus into the abdominal cavity, which retards the delivery of the placenta.

Should the placenta not come away, then the introduction of a portion of the hand, or, if necessary, the entire hand, should be made; then its removal, with the blood, can be accomplished. The attachment of the placenta to the uterus is by cellular tissue unless there be morbid adhesions, and not by inosculation of the vessels. The afterbirth is generally easily peeled off with the hand, but this step is not necessary until we shall have resorted to the usual means of its delivery, unless unusual hemorrhage is present, in which event we should immediately proceed to empty the uterus in order that it may contract upon itself, thereby closing thoroughly the open mouths of the blood vessels.

The bandage should be sufficiently wide to reach below the hips in order to prevent its slipping up or down. The accoucheur, in the language of Professor C. D. Meigs, should watch his patient for at least an hour after delivery, as the cat watches the mouse. The woman's safety lies in a firmly contracted uterus. After delivery we should ascertain whether there be inversion. "Should inversion be present we should immediately introduce the hand and deliver the afterbirth or push the fundus back to its place, and forbid the patient to make any straining or expulsive effort." In effecting the delivery of the placenta, undue tension should not be made upon the cord, lest we invert the uterus.

Afterpains naturally accompany uterine contractions after delivery, and frequently increase in severity with the birth of each child. They commence soon after delivery and continue for several days; they are produced spontaneously or by reflex irritation brought about by applying the child to the breast, etc. For relief of the afterpains some preparation of opium is usually prescribed; sometimes an anodyne embrocation applied to the breast will assist in giving relief.

The inner surface of the uterus after delivery has been compared to the granulating stump of a recently amputated limb. The condition is attended with a lochial discharge which is offensive, and usually continues for several weeks. Females should not sit up too soon after delivery, lest a fatal hemorrhage should supervene. In case of hemorrhage after delivery of the afterbirth, "always turn out the clot," remembering that the safety of the female lies in an empty and well contracted uterus. Diet during the puerperal state for the first few days should be light and unstimulating, consisting principally of milk. Professor Thomas, of New York, always gives his patients milk during their lying-in state; he considers it the best and most innocent article of diet for the lying-in female. There is, however, in the rural districts of Kentucky, much prejudice existing in the minds of the more ignorant against the use of milk just after confinement.

A labor of longer duration than twenty-four hours is considered preternatural and demands interference. The os uteri and perineum being dilatable, a vagina short and capacious is favorable, the opposite giving rise to protracted labor. Sometimes one portion of the parturient canal is relaxed and another contracted, one part of the labor being rapid and another slow and tedious. There is sometimes sudden failure of the pains; on the other hand, sluggish and feeble pains suddenly become strong and energetic, making our prognosis as to time of delivery uncertain. As a rule the membrane should not be ruptured until the os is fully dilated. Sometimes, however, a superabundance of liquor amnii necessitates earlier rupture of the membranes, as labor is thereby greatly assisted and hastened. The membranes in the primiparous patient, as a rule, should not be ruptured at all, or at least not until the perineum is put upon the stretch, from the fact that sudden evacuation of the liquor amnii and powerful uterine contraction may diminish the placenta site, thereby resulting in its premature detachment, which would be attended necessarily with hemorrhage. During first, and early part of second stage of labor, the direction of the axis of the womb should be observed; at the same time we should counteract anteversion, retroversion, or obliquity to right or left.

In supporting the perineum, the head should be pressed, during its passage; close to the pubis, so as to strain the perineum as little as possible. The cord should be tied so as not to include the bowel, should umbilical hernia exist. The lying-in female should always make an effort to evacuate the contents of the bladder within eight hours after delivery, whether she has any desire to urinate or not, as the sensibility of the organ is sometimes so diminished that it does not respond to the presence of the urine, and will continue to fill until cystitis or some other trouble is developed.

The infant should be allowed a sufficiency of breast milk, and all the sleep possible for it to have; its penis should be looked after within three or four days after its birth. We sometimes meet with jaundice in the infant, which trouble is supposed to arise from the change effected in the circulation of the liver by the establishment of respiration and the arrest of the current of blood between the penis and the liver. This usually disappears as the liver becomes accustomed to the conditions of intra-uterine life.

In the management of natural labor, we meet with presentations of the vertex, face and breech. The vertex has six positions, viz., vertex, to the left acetabulum, vertex to the right acetabulum, and vertex to the pubis; forehead to the left acetabulum, forehead to the right acetabulum, and forehead to the pubis. The above being Meigs' classification, and in my opinion the simplest and best for all practical purposes. In the first position of a vertex presentation, the head descends into the pelvic excavation flexed, comes in contact with the inclined plane of the ischium, rotates toward the pubis, and engages upon the floor of the pelvis (the perineum) when extension begins, and continues until the head is expelled, when rotation of the shoulders produces the last act of this mechanism, restitution.

The mechanism being the same in the second position of the vertex presentation as that of the first, except rotation is from right to left, the head assuming a position in the act of restitution corresponding with the position of the vertex in the second position. In the third position, vertex front, or to the pubis, we have no rotation, but extension and restitution. In the fourth position the vertex is rotated from the right sacro-iliac junction to the right acetabulum, thereby converting a fourth into a second position. In the fifth position the vertex is at the left sacro-iliac junction, but is rotated by the mechanical form of the pelvis to the left acetabulum, thereby converting it into a first position. In the sixth position we find the vertex at the promontory of the sacrum. This position is usually converted into the fifth, then into the first with little or no assistance, but the position is very rare. When the head presents extended, we have a face presentation, the chin being at one side of the pelvis and the forehead to the other. There are two positions of the face, in either of which the chin should be brought to the pubis.

When the face presents the chin must be born first, from the fact that the occipito-mental diameter is greater than any diameter of the pelvis. The chin should (if not of its own mechanical force rotate to the pubis) be brought to the pubis, lest rotation into the hollow of the sacrum might necessitate embryotomy after a hard and protracted labor.

Therefore in face presentations always bring the chin to the pubis, unless rotation to the pubis is effected spontaneously.

Delivery by the face can be accomplished spontaneously and without assistance from the accoucheur. When it is possible we should restore the flexion by pushing up the forehead and bringing down the vertex, but should failure attend our efforts in the accomplishment of this end, we invariably bring the chin to the pubis, in order that it may escape first, thereby allowing flexion to take place as soon as possible.

Obliquity of the womb is supposed to be a cause of face presentation; it is therefore important to correct uterine obliquity.

The reference to two face positions are quite sufficient. In the first position the forehead is to the left, and the chin to the right side of the pelvis; in the second position the forehead is to the right, and the chin to the left side of the pelvis. In either position we bring the chin to the pubis.

In face presentations, the face of the child is swollen and otherwise disfigured; we should, therefore, notify the mother prior to the birth of the child that such will be its condition, thereby preventing the attachment of unnecessary blame to the accoucheur. While presentation of the breech is a perfectly natural presentation, the life of the child is in much greater jeopardy than if the presentation were cephalic. We have about one breech presentation in every fifty cases of labor, and about one in every five cases is fatal to the fœtus. The danger arising from breech cases results from asphyxia, which is due to compression of the cord, detachment of the placenta before the head is born, compression of placenta between the uterine parietes and the head of the infant; also constriction of the placental superficies of the womb during the time the child's head lingers in the vagina, the placenta-fœtal circulation from this cause being interfered with and respiration prevented because of detention of the head; the life of the child (under these circumstances) if not sacrificed, is in imminent peril.

We should not hesitate, in the case of a breech presentation, to make considerable traction upon the body of the child, in connection with traction made upon the inferior maxillary, there being much more danger from asphyxia or suffocation than from injury of the spinal cord sustained by traction. We may save the life of the child by introducing two fingers into the vaginal canal and pressing the soft parts away from the mouth and nose of the fœtus, thereby allowing it to breathe and cry lustily until there is sufficient tenesmic force developed to cause its expulsion.

Being thoroughly acquainted with the normal conditions attending a natural labor, we can readily anticipate and recognize an abnormal or preternatural condition, which should be taken

advantage of in due time. A natural labor may become preternatural; we should, therefore, constantly during our attendance upon the parturient female, be upon the alert and fully prepared for any emergency. By passing the finger along the linea ileo-pectinea, we ascertain the relative size of the fœtal head and pelvic excavation. Presentation of the foot or knee is simply a deviation of the breech presentation. Artificial irritation of the os uteri will increase uterine contraction, and is frequently resorted to; the introduction of a gum catheter into a lazy uterus will increase its contraction. A physician in New York reports a number of cases of rigid os as having yielded readily to the injection of atropine into the substance of the womb. As a last resort, in case of rigidity of the os, we would force dilation by introducing one finger after another until sufficient dilatation was produced.

With reference to puerperal convalescence, Dr. Goodell writes as follows: "See to it that the patient has a good getting up. Lactation should be encouraged, and from the first day the diet should be generous." Premature exertion should not be allowed. On the other hand, the recumbent posture should not be too rigidly enforced, as it may, in some instances, retard the passage of clots and lochial discharge and induce local congestions of the uterus. The patient, after confinement, should be allowed ordinarily to sit up whenever she feels sufficiently strong and well enough to do so. The obstetric binder, when worn too long, weakens the retentive power of the abdomen and causes the uterus to press unduly upon the vena cava and the pelvic veins, whereby the uterine circulation is interfered with and the process of involution interrupted. Interruption of this physiological process leads to too long a continuance of the lochial discharge.

Unhealed lacerations of the cervix uteri are also a cause of protracted lochial discharge. Astringent vaginal injections and the administration of iron, ergot and nux vomica, with a liberal use of wine, beer, etc., is advised in this condition. A vaginal wash containing carbolic acid is recommended after abortions and labor, because of its tendency to prevent septic disease. With reference to the communication of septic or puerperal disease of a specific or contagious character by a medical attendant during or after labor, we must state that if such disease is communicated by a physician, it would be developed within three days after the termination of labor, from the fact that the peculiar poison which produces the specific or contagious form of puerperal disease will have been absorbed before the raw surfaces are granulating. The granulating process occurs by the third day after labor, after which time the absorption of septic material does not take place. Therefore, puerperal disease, occurring twenty days after confinement, could not be attributed to infection or contagion communicated by the medical attendant who had delivered the patient twenty days prior to the inception of puerperal disease.

Prof. Barker, of New York, states that "septic absorption must arise from traumatic lesions, which lesions are granulating by the third day, after which septic absorption cannot take place. Should absorption take place at the time of delivery, the effects of the poison will be developed by the third day." It is therefore impossible for a female, twenty days after birth of her child, to be stricken down with puerperal or septic disease arising out of the attendance of a physician twenty days before the inception of her disease.—*St. Louis Medical and Surgical Journal.*

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THE MONTREAL GENERAL HOSPITAL.

The position of an Attending Physician to the Montreal General Hospital has, so far as our memory enables us to speak authoritatively, always been considered one of honor. As a consequence it has been much sought after, but as vacancy succeeded vacancy, and was filled, it has long been noticeable that there remained, not alone among the defeated candidates, but among a very large number of the profession, a sense of injury, which was unaccountable, upon the plea of simple defeat and sympathy with defeated candidates. Why this state of things? Simply because the unsuccessful candidates have felt that they never have had an honest chance for success, and this feeling finds an echo among the profession in the city of Montreal. We believe that this feeling is a just one, and that it is high time the Governors of the Institution took the matter up and adopted some means

whereby every member of the profession shall, when a vacancy occurs, have an equal start, and a chance for a fair, open and manly contest. It is not so at present, or we would not hear the mutterings which are so frequent as to be almost universal, and which have already found utterance in the public press. Perhaps we should be more specific in stating what it is, so many of the profession complain of. It is simply this: That the Medical Staff of the Hospital, or at all events a portion of them, act as if the Institution was their own special property, and upon them devolved the duty of electing their colleagues. It is true the elective power is in the hands of the Governors, but a portion of the Staff act as if they were a Committee of Nomination, and, by keeping the knowledge of a vacancy occurring from getting abroad, endeavor thus to favor the candidate who in their opinion should fill the vacancy. This gentleman at once starts upon the canvass, *as do also some of the Staff*, but, by keeping within the circle upon which they bring the most influence, the news does not spread for some time. When it does get out, and the other candidates enter the field, it is at an enormous disadvantage, for they find that, what with thoughtlessness and the personal pressure brought to bear upon them, a large number of the Governors, possibly sufficient to carry the election, have pledged themselves to the first candidate who had called upon them. Now all this is radically wrong—nay it is more, it is positively outrageous. The member of the Staff who intends to resign should communicate his intention to some officer of the Hospital, who should at once, by advertisement, announce the vacancy, and ask for applications. Moreover, the Staff from motives of delicacy, not to speak of the general relations which they ought to bear to all their brother practitioners, should abstain from all participation in the canvass. As to the duty of the Governors, we think that a constituency so intelligent should not pledge themselves to the first candidate who may call upon them. On the contrary we hold the opinion that, until ample time has elapsed to enable *all* the candidates to place their claims before them, or even until all who have sent in applications have called upon them, they should hold themselves unpledged, and then weighing all the facts, come to an intelligent decision as to their vote. What are the facts which should influence them in coming to this decision? We will try and point out some of them, and endeavor to show that in all similar institutions throughout the world a very different policy is carried out to that which prevails among the Governors of the Montreal General Hospital. Here a large number of the Governors have become educated, through the influence of a few, to look upon the Hospital appointment as being the perquisite of the young physician, who, having influential friends to back him, is elected to a field golden with opportunities, in which he is expected to receive that practical information which will make him *entirely* worthy of public confidence. In other words, the young man occupies the Hospital chariot, and he rides into practice upon Hospital patients. It is not so elsewhere. When a vacancy occurs in most, if not all the large Hospitals of the Mother-land and the United States, the selection is made from among those who, by force of industry, perseverance, and successful practice among the public, have made for themselves a professional reputation. This class of men, on election to an Hospital, carry to it the reputation which they have won, and they at once give to its patients the benefit which that experience is capable of exerting. It is surely worth something to be able to guarantee poor patients, who may be *compelled* to accept Hospital treatment, that the physician who attends them has already proved his success upon those who *willingly* sought his service. To the students who may follow him around the ward, such a man is invaluable. He may not sit up half the night, that on the morrow he may recite a treatise upon one or two of the prominent cases under his care, but, day by day, he will be able to give out of the storehouse of his experience valuable remarks, valuable because of their practical character. The Hospital is not the place to study the theory of disease; there all should be of a practical character. Is the young man just entering on his professional career the one to give such information? We think not; rather will it be got from him who, by day and by night, has worked out his destiny, and has at last compelled the public to admit that he is worthy of the best confidence they can bestow upon him

In years long gone by there possibly may in Montreal have been difficulty in filling appointments in the manner we indicate, but certainly within the last fifteen years half a dozen such men could have been had for every vacancy which has occurred. Our contemporary, the *Canada Medical and Surgical Journal* for April, has an editorial upon this subject, and with much of it we agree. We, however, think that in some of his arguments he is not quite logical. For instance, he complains that one of the candidates has used political influence to secure votes, and this he most strongly condemns. At the same time he admits that, other things being equal, private friendship and ordinary social influences will always turn the scale. Where in lies the difference? Suppose we transpose it thus: other things being equal, political influence will always carry the day. Surely the one which is most powerful will carry the day, and, as political is more powerful than personal or social influence (an admitted fact), what objection can he offer against the one which is not valid against the other, "other things being equal." Our contemporary complains also of one of the candidates having got as many of the Governors as he could to sign a paper in his favor, "a thing hitherto unknown." Were the Hospital Staff and the Governors to accept the advice we have given them in this article, such action would be unnecessary, but, as matters stand at this moment, we for our part feel that any action which candidates may feel necessary to take in their own interest must be judged with a lenient eye. It is not pleasant to have votes taken from you "because Governors are told that the election of the one they had pledged to, would be a calamity to the Hospital," and yet that such instances have occurred we are assured is the case. There are other points connected with these Hospital appointments which we may subsequently write about. In the meantime we have said sufficient to show that the manner in which they are made is not that which prevails in the majority of similar institutions elsewhere, and that it is not satisfactory to the majority of the profession in Montreal. If any one is prepared to deny our assertion, we are willing to go to proof.

PUERPERAL MALARIAL FEVER.

Dr. Fordyce Barker has read a paper with the above title before the Medical Society of the County of New York. It throws some light on cases that might have passed under the category of puerperal fever or septicemia.

He states: "The most prominent symptoms were chills, sometimes very slight; a temperature higher by one or two degrees, frequently, than was found in the beginning of any other puerperal disease; rapid pulse, greater prostration than was usual with other diseases during this period. After such an explosion, there was a remarkable remission on the following day, but the alarming symptoms returned after one, two or three days, yet usually less severe. Only typical cases presented such a succession of phenomena." Dr. Barker's treatment consisted of Warburg's tincture, which he found more effective in producing the desired results than the largest doses of quinine.

Quite recently we had in our own practice, on Ontario street, a case answering to the above description. The first attack began five days after confinement, consisting of a severe chill, followed by a hot stage, a temperature of 104½, and a quick pulse. A ten grain dose of quinine was given. The next day she was much better, the temperature almost normal. She complained of excessive prostration, but this rapidly lessened during the next twenty-four hours. On the third day from the first attack, and at about the same hour in the afternoon, another chill was experienced, followed by similar symptoms as the first. The temperature did not rise higher than 103½, but the prostration was as extreme as with the first attack. These attacks came on every third day for two weeks. The confinement was a normal one in every respect. Our patient had never lived outside of the Province of Quebec. The lochial discharge was normal, but was lessened during each explosion, and returned during the interval. The lacteal secretion was abundantly established, but disappeared during the illness and did not return. If we remember that Montreal, at least some parts of it, is built upon low lying ground, as Ontario street, which was a marsh as far as it extends eastward, and as most of us have had occasional cases of ague originating here, perhaps the gate is open for further investigation into the action of malarial poison upon parturient women. Some years ago, ague was common enough in Griffintown, but no record has come to light how it affected lying-in cases.

DOCTORS' BILLS.

The *New York Medical Record* has a spicy article on this subject, from which we cull a few paragraphs. After alluding to the difficulty of collecting this kind of bills, the writer remarks:—

Willingness to pay the doctor is too often narrowed to that short period when the grateful patient can focus his pocket-book through his tears. In looking over the items in his day-book, the physician can now recollect when was the favorable opportunity for receiving the fee, and how he missed it. Then, any sum would not have been too great to pay him for the relief of pain or the actual saving of life. The doctor smiles now as he thinks of the pretensions of his grateful patient, and verifies afresh the forgetfulness of impetuous gratitude. The man who then would have no other attendant now apparently feels so many obligations to the one who once saved his life, and whom now he owes, that he does not wish to trouble him any more. His readiness to pay at the time he thought his wife was dying, or when his Harry was snatched from the jaws of death, has vanished into the shadowy uncertainties of a more convenient season, and he now comforts his conscience that, after all, it was nothing more than an ordinary service, and the doctor can wait for his money. . . .

To return to the relations of gushing thankfulness to actual pay,—what a sorry lesson does the man of experience learn in studying them! We almost imagine him to be cold-hearted, when, unmoved, he listens to the tearful acknowledgments of Jones when Johnny is out of danger; to the outpourings of generous sentiments by Mrs. Black when Crœsus Black, Esq., is again restored to health. Nor must the younger practitioner believe his elder brother o be unthinking or profane if, when long after he bill is due, he hears him humming Rabelais's couplet concerning the sick devil who thought of becoming a monk. When the young man's ledger is four or five years old, and he refreshes his memory concerning promises of patients unfulfilled, he too will become a trifle suspicious, and learn to sympathize with his seniors. It has often been said, even by those who are disposed to pay every one else promptly, that physicians should never be in a hurry for their money. Really, it would seem that the services of the doctor are placed even below those of the plumber in regard to the time and willingness for payment. On the other hand, it is well-known that, in the majority of cases, the longer the bill is deferred after the thankful, appreciative, or tearful period, the less the chances are of getting it at all.

In a subsequent number of the same journal a physician gives the following amusing experience, called to mind by the article from which we have quoted:—

I was called at midnight to visit a gentleman who had just returned from a late dinner, where he had succeeded, by hasty eating, in lodging a large fish-bone in his throat. I provided myself with an emetic, a pair of œsophagus forceps, and other paraphernalia designed to give him relief, and hurriedly repaired to his room. I found him pacing up and down the floor with a look of intense distress and anxiety, occasionally running his fingers down his throat and gagging. He told me, in tones of despair, that he thought it was all up with him, but begged me, if the least glimmer of hope remained, to proceed at once in my efforts to relieve him. He extravagantly declared, in the generosity of spirit begot by the vividness of his fears, that he would give a million dollars to have that fish-bone removed. I assured him that such cases were frequent, and ordinarily not attended with much danger, before proceeding to carry out measures for relief. His fears underwent some diminution on the strength of this, and he then declared that fifty thousand dollars would no more than repay the skill and art required to extricate the unwelcome intruder. I smiled and proceeded to introduce the forceps, but, after several attempts, failed to grasp the bone. His fears again induced him to mention a fabulous sum as the meed of the service that would expel the object of his terrors. I then gave him the emetic, its depressing effect causing his generosity to rise again, barometric-like, to a very high pressure. In a little while the emetic disburdened him of the greater part of his dinner and with it up came the fish-bone. He gave a sigh and a look of relief, and solemnly looking towards me said, "Doctor, I wouldn't have that thing in my throat again for five dollars!"

My fee eventually resolved itself into the "valuable experience" that the occasion afforded me.

VOLUNTEER MEDICAL OFFICERS.

The following general order appears in the Canada *Gazette* of the 27th of March :

HEAD QUARTERS,

Ottawa, 24th March, 1880.

GENERAL ORDERS (6).

No. 1.

Retired Rank to Surgeons.

Under provision of an order of His Excellency the Governor General in Council, dated 12th March instant, Surgeons who have served consecutively during fifteen years as Assistant Surgeon or Surgeon in any Corps of Active Militia, the last five years being in the rank of Surgeon, may be placed on the Retired List with the rank of Surgeon ; and to those who after twenty years service as Assistant Surgeon or Surgeon in any Corps of Active Militia, of which the last ten years have been in the rank of Surgeon, the rank of Surgeon Major on the Retired List may be granted.

We do not believe that this order will prove satisfactory, as to obtain the rank of Surgeon Major you not only have to serve twenty years but you must likewise resign. The time is too long, and the necessity of resignation to obtain it is, to say the least, not fair and reasonable. We have so fully and so recently expressed our views on this matter that we will not now repeat them, beyond saying that the sooner the Militia authorities concede the demands which we made on behalf of Medical Militia officers, the sooner will contentment reign among them. They only ask what is granted to their fellow practitioners in the British Army. Surely that is not an unreasonable request. We have reason to believe that the Minister of Militia and his subordinates have the interest of the force at heart, and are anxious to do what they can. This is, however, a professional matter, and no one but a professional man, and he a member of the Volunteer force, can thoroughly understand it.

LAVAL UNIVERSITY HOSPITAL.

We have been informed upon good authority that Laval University has secured the old Donegani Hotel in Notre Dame street as an Hospital for its Medical Faculty. The necessary alterations have been commenced, and it is hoped that in less than three months it will be ready for occupancy, Few buildings in the city can be so readily transformed into a Hospital, of really excellent accommodation, and its situation must attract considerable surgical material. It is within five minutes walk of the berths of three largelsteamship lines,while seldom less than a dozen other steamships are berthed within easy distance of it. It will thus come in for its share of accidents. It is said that the Seminary of Montreal have guaranteed the rent, and that the nursing will be done by the Sisters of one of the Convents, on condition of their getting the money from private patients.

THE WOMAN'S HOSPITAL OF MONTREAL.

The first building of the Western Hospital being completed, and ready for occupancy, and the Corporation of the Western Hospital not seeing the way to open it as a General Hospital, it has been leased to the Women's Hospital of Montreal. This Institution has during the last seven years been in operation at 51 St. Antoine street, principally as a Lying-in Hospital in connection with the Medical Faculty of Bishop's College, although now and then its beds have been occupied with patients suffering from diseases peculiar to women. It also has had a very considerable out-door clinic on female diseases. It is now proposed to extend the operations of the Institution, and this large and beautiful building having been secured, a committee of influential gentlemen has been organised, who will assist in its management. It is proposed to have about twenty lying-in beds, and ten beds for female diseases. There will be eight private wards, at the disposal of any physician in the city of Montreal, a boon which we believe will be appreciated by them. The situation of the institution is most beautiful, being on the outskirts of the city, and its sanitary position is all that could be desired. We believe it will grow in importance, and that in a very few years Montreal will be able to boast of possessing a Woman's Hospital which will do it no discredit.

UNIVERSITY OF BISHOP'S COLLEGE.

FACULTY OF MEDICINE.

The Ninth Annual Medical Convocation of Bishop's College was held in the Synod Hall, Montreal, on the 7th April. R. W. Heneker Esq., Chancellor of the University, occupied the chair, supported by Rev. R. W. Norman, Vice-Chancellor, and His Lordship the Bishop of Montreal. The attendance was very large, the ladies turning out most numerously. The Dean of the Faculty, Dr. David, read the following report:

REPORT FOR SESSION 1879-80.

The number of matriculated students during the session just closed was 27. Of this number two were from the Province of Ontario, one from the United States, one from the West Indies, and the remainder from the Province of Quebec.

The attendance and the general good conduct of the entire class was such as to give the Faculty entire satisfaction.

This year being the last of the three years for which the Assessors who watch the examinations on behalf of the Provincial Medical Board were appointed, these gentlemen took occasion, at the close of the examinations, to express the extreme gratification which everything connected with the College had given them, the practical character of the teaching being evidenced in the examinations, especially the written examinations, extending as they did over two entire days from 9 in the morning till 10 at night, with short intervals for meals.

The following gentlemen passed Botany:—C. Dexter Ball, Stanstead, Q., prize; Edmond Labrie, Chicopee Falls, U. S.; William Albert MacKay, St. Eustache, Q.

Passed Practical Chemistry—Frank M. R. Spendlove, Ayer's Flats, Q; Heber Bishop, B.A. Marbleton, Q. [both these gentlemen received honourable mention]; Ninian C. Smillie, Montreal, Q.

Passed Practical Anatomy—Heber Bishop, B.A., Marbleton, Q; Ninian C. Smillie, Montreal, Q; Walter DeMouilpied, Nicolet, Q; Robert H. Wilson, Montreal, Q. [all honourable mention]; Francis Joseph E. Tetrault, St. Pie, Q; Edmond Labrie, Chicopee Falls, U. S.; Charles S. Fenwick, Montreal, Q.

Passed Materia Medica—Frank M. R. Spendlove, Ayer's Flats, Q; Philip Dubé, Quebec, Q; Charles S. Fenwick, Montreal, Q; William C. McGillis, Montreal, Q.

Passed Physiology—Charles S. Fenwick, Montreal, Q.

The following gentlemen passed their examinations upon all the primary branches [Chemistry, Anatomy, Materia Medica and Physiology]:—Heber Bishop, B.A., Marbleton, Q, prize; Ninian C. Smillie, Montreal, Q, honourable mention, and, in the order of merit: Walter De Mouilpied, Nicolet, Q; Francis J. E. Tetrault, St. Pie, Q; Robert H. Wilson, Montreal, Q; Edmond Labrie, Chicopee Falls, U. S.

The final examinations for the Degree of C. M., M.D. consists of the following branches:—Principles and Practice of Medicine, Theory and Practice of Surgery, Obstetrics and Diseases of Women and Children, Medical Jurisprudence, Clinical Medicine, Clinical Surgery, Pathology, and Hygiene. This examination was passed by the following gentlemen, whom it will be my pleasing duty to present to you, sir, for graduation—Henry B. Chandler, Barbadoes, West-Indies, "The Wood" gold medalist; James Leslie Foley, final prizeman. [The contest between these two young men was extraordinary close, there being at the termination but 15 marks between them.] Louis Henry Ulric Gill, Napierville, Q, honourable mention; Edmond Labrie, Chicopee Falls, U. S; Philip Dubé, B.M., Quebec, Q; Francis J. E. Tetrault of St. Pie, Q, also passed all his final examinations, taking his place fourth on the list, but, owing to his being under age, he cannot receive his degree to-day.

PRIZES.

Henry B. Chandler, of Barbadoes, W. I., takes "The Wood" gold medal. This gold medal is awarded to the graduate in the Faculty of Medicine who has attended at least two sessions at Bishop's College, and has attained the highest number of marks in all the subjects of both primary and final. [Mr. Chandler, who this year obtains the medal, has passed the entire period of his studies, the four years in Bishop's College.]

James Leslie Foley, Montreal, final prizeman.

Heber Bishop, B.A., Marbleton, Q, primary prizeman.

Ninian C. Smillie, Montreal, takes senior disector's prize.

C. Dexter Ball, Stanstead, Q, takes junior disector's prize.

C. Dexter Ball gets the botany prize.

Certificates of Honourable Mention have been granted to the following gentlemen:—For Practical Chemistry—Frank M. R. Spendlove; Heber Bishop, B.A.

For Practical Anatomy—Heber Bishop, B.A; Ninian C. Smillie; Walter DeMouilpied; Robert H. Wilson.

For the Primary Examination—Ninian C. Smillie.

For the Final Examination—Louis Henry Ulric Gill.

At its conclusion the oath of allegiance was administered to the graduating class by the Chancellor, afterwards "God save the Queen" was sung, and then the Medical oath was taken, Dr. F. W. Campbell swearing the graduates.

CONFERRING OF DEGREES.

The candidates for degrees were now called up, and the Chancellor, after reciting the usual Latin form, handed The University parchment in a tin case to each of the lucky men.

PRIZES AND HONOURS.

The presentation of prizes and honourable mention certificates now took place. Dr. Chandler, the Wood gold medalist, on being called up, was greeted with wild applause, as was also his rival for the prize, Dr. Foley. Both are very youthful in appearance, and in the examination were very close, out of 5,000 marks only fifteen marks separated them on the final.

Bishop Bond and Vice-Chancellor addressed the Convocation, and thus terminated the most successful Convocation this young Faculty has yet had.

PERSONAL ITEMS.

Sir Thomas Watson, Bart., M.D., celebrated the eighty-eighth anniversary of his birth in London on the 7th of March.

Dr. Wilks, of Guy's Hospital, has been appointed physician to the Duke and Duchess of Connaught, in succession to Dr. Murchison, deceased.

REVIEWS.

The Hypodermic Injection of Morphia, its History, Advantages and Dangers, based on the experience of three hundred and sixty Physicians. By H. H. KANE, M.D. New York, Charles L. Bermingham & Co.

This work of between 300 and 400 pages is the result of the replies to six questions, propounded some year or so ago by Dr. Kane of New York, and published by nearly every medical journal in the United States, Canada, and also in Great Britain. These answers have enabled Dr. Kane to construct a work of rare interest and importance, and as it may be well said that no physician has his armamentarium complete without a hypodermic syringe, so, with equal truth may we now add, no one who uses this syringe can afford not to be possessed of Dr. Kane's work. So common in use has this little pain destroyer become that it is resorted to, we might with truth say, without fear, and with often but little thought of the difficulties which may follow. That all is plain sailing, this book shows us, is not always the case. A perusal of it will we believe instil an amount of caution into those who employ it, and this can but be productive of good. We are glad to notice Dr. Kane writes strongly against entrusting the hypodermic syringe, for use, into the hands of any but medical men. We know of cases where it (on the advice of the medical attendant) forms a portion of the family medicine chest. This should not be.

Sore Throat, its Nature, Varieties and Treatment, including the Connection between Affections of the Throat and other Diseases. By PROSER JAMES, M.D., Physician to the Hospital for Diseases of the Throat and Chest. Fourth Edition, illustrated with hand-colored Plates. Philadelphia, Lindsay & Blakiston, 1880. Montreal, Dawson Brothers.

This is a very popular work among British Practitioners, as is evidenced by the fact that the third edition was exhausted within three months of its appearance. The fourth edition, which is the one now before us, has received very careful revision at the hands of Dr. James, who is regarded throughout Britain as a most enthusiastic worker, and (what is even still better) careful observer in this specialty. As might therefore be expected, this work is one of very considerable merit, dealing with the various varieties of sore throat in a practical manner. It is not intended to be an exhaustive work, but as a fair-sized treatise it would in our opinion be very hard to surpass it. We have, however, to say that the illustrations are in our opinion not quite up to the mark.

Headaches, their Nature, Causes and Treatment. By WILLIAM HENRY DAY, M.D., M.R.C.P.L., Physician to the Samaritan Hospital for Women and Children. Third Edition with Illustrations. Philadelphia, Lindsay & Blakiston, 1880. Montreal, Dawson Brothers.

This little volume appeals at once to our sympathies, and entices to a persual from its very title. Of all the common ills to which flesh is heir, headache is indeed a common one. Hardly a day passes in the practice of those who receive even fair encouragement from the public without this *symptomatic* disease claiming a share of attention. Its weariness is exhaust-

ing, and its persistency in spite of treatment is vexatious. We sometimes have heard patients exclaim, "They never knew what a headache was," and we have been ready to reply, "Happy mortal, thou dost not know one half the cares of life." Few, however, can so declare; headaches, many of them we are sory to say *quite* preventible, are the lot of the many, and while our skill is required in their treatment, works such as the one now before us will always claim attention. We believe also they receive general encouragement. We have read various chapters of the book with much pleasure and, we can truthfully add, profit, but we have been especially pleased with the last one, "On the Headaches of Childhood and Early Life." This is one which should be read by every father mother and teacher in the land. If the principles which it inculcates could only be carried out, many a fair and lovely flower would be saved, childhood would not be robbed of its growth to supply the demand for brain material, and the future men and matrons of the land would be wonderfully improved specimens of the human race. We need hardly say that we commend most strongly this book to every reader of the RECORD.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, March 19, 1880.

The ordinary meeting was held this evening. In the absence of the President and Vice-Presidents Dr. Hy. Howard was elected to take the chair. There were present Drs. Hy. Howard, Trenholme, Kennedy, MacDonald, Kerry, Finnie, Ross, Gardner, Guerin, Armstrong, Brodie, Browne, McConnell, MacDonald, Bessey, F. W. Campbell, Larocque, John Reddy, Shepherd, Hingston and Edwards.

Dr. OSLER exhibited:

1st. Tumor of the thyroid.

2nd. Dermoid cyst.

3rd. Two cases adherent pericardium—endocarditis—incompetency of the valves.

4th. Mitral stenosis.

5th. Cancerous ovarian tumor, involving both ovaries.

Dr. KENNEDY stated that the patient from whom this heart and ovarian cyst was removed, post-mortem, was about 19 years of age, and had been in service. She was first seen on the 4th of February, suffering from severe cardiac disease, a loud double murmur existing. Owing to extreme dyspnœa and tenderness of the chest a prolonged examination was inadmissible. The heart labored with extreme violence keeping the head in constant motion. The difficulty of breathing was so great that at this time I was of opinion that she could last but a few hours. There was a history of an acute attack of rheumatism at the age of 14 years, which lasted a very long while, subsequently recovering sufficient to enter upon the duties of a domestic servant. Two weeks prior to her last illness a sister had died of puerperal convulsions, and, on the girl visiting her, she had to tramp for some distance through very deep snow, which exertion was the apparent cause of her last illness through getting chilled afterwards. At the time she came under treatment menstruation, which had been slight, had just ceased. For the first few days there was a slight improvement in her condition, a severe substernal pain then manifested itself, and auscultation discovered besides the valvular murmur, a friction sound synchronous with the heart's action, and, as the post mortem revealed, to be due to extra cardial extension, involving the surface of the adjoining portion of the right lung. This pain was very much relieved by the application of a fly blister. About February 12th an extensive attack of certicaria set in, and, on examining the abdomen, there was discovered a tumor rising out of the pelvis in the median line which, from its shape, exactly resembled the gravid uterus at the fifth month. Pregnancy was suspected, but this the patient denied, and, as there was no reason, owing to the patient's state, to make a particular examination as to its true nature, none was made, there being no hope of recovery. The post-mortem soon revealed it to be ovarian, as shown in the specimen. Her condition remained about the same until the 18th, when advantage was taken of a slight improvement in her breathing to have her conveyed into Hospital, where she died on the second day of entrance.

Dr. Ross read a paper on Diabetes Insipidus.

Dr. HY. HOWARD read a paper on Chronic Dementia, in which he took the ground and defended the position taken that it was impossible in a case of consecutive chronic dementia

to have priapism. (This paper will be found among our original communications.)

Dr. OSLER remarked that he did not see any good physiological grounds for supposing that the individual mentioned in the report was necessarily incapable of having an erection, as this act was, in a measure, independent of the brain, and, as shown by Goltz, could be excited reflexly in animals whose spinal cords were cut in the dorsal regions. The erector centre is believed to be situated in the lumbar cord. Physiologists very generally believe that there is no satisfactory evidence of the connection of the cerebellum with the sexual functions; indeed the experiments of Eckhard go to show that the central stimuli exciting the act of erection pass not along the cerebellar peduncles, but down the crura cerebri, *i.e.*, they proceed from the cerebrum.

Dr. F. W. CAMPBELL stated that he had under his care for the past year and a-half a case of Dementia, due to softening of the brain, and which had, in its early stage, been seen by Dr. Howard. This patient had for months past been so bad as to pass his fæces involuntary, and yet during that time he had frequent satisfactory intercourse with his wife—whom, in fact, he had impregnated.

Dr. HY. HOWARD, in defending his paper, said: "In reply to Dr. Osler's remarks I can very well understand that a man may be paralyzed in the lower extremities from disease or injury of the lumbar portion of the spinal cord, and yet be capable of cohabitation; for a man suffering from general paralysis can have an erection of the penis, and for the simple reason that in neither cases does it follow that there *must* be disease of the cerebellum, as there is in consecutive chronic dementia. I say the lower portion of the spinal cord may suffer from disease, and no injury result to the nervi-evigentes, for its connection with the cerebellum is not through the spinal cord, but by means of the splacnie, or great sympathetic, and its ganglia, at least according to such physiologists as *Eulanburg*, *Gutman* and *Lövan*, no mean authorities.

I therefore maintain that, when the cerebellum is diseased, as we find it is in chronic dementia, it being what we might call the *entity* of the nervi-evigentes, the consequence will be impotency, at least in so far that it would be impossible to have an erection of the penis. And this fact is fully borne out by my own experience."

With regard to bloody flux as a result of irritation of the cerebellum, he considered it to be a feasible theory (for the reasons already given), even though post-mortem examination failed to find an exciting cause, for we all know that we had much yet to learn in pathological examinations. The micrascope had not yet revealed to us, by any means, every thing in the human brain, although wonders had been accomplished by its use. He did not think that ulcers in the intestines was a satisfactory explanation for the cause of the hæmorrhage in the case alluded to for Dr. Osler had at various times called the attention of the members of the Society to ulcerated intestines in typhoid fever where there had been no bloody flux.

In reply to Dr. Hingston, he said that there must be a great distinction drawn between the dement and the imbecile, the latter was due to congenital malformation of the brain in part or whole, or arrest of brain development after birth, consequently many imbeciles wanting in intellect, and consequently reason, had their emotional organization perfectly sound, and, not having reason to control their animal impulse, were erotic imbeciles and dangerous to society. But such cases were not analogous to the dement, who not only lost his reason from disease, but also had his emotional organization from the same cause, exhausted and atrophied. He, however, recognized the fact that there could be intellectual dementia previous to having the cerebellum engaged in the disease, then there would be a form of dementia, without its being necessarily accompanied with impotency or exhaustion or atrophy of the emotional organization, and such probably was the case mentioned by Dr. F. W. Campbell. He remembered seeing the man Dr. Campbell alluded to, and given the opinion that it was softening of the brain, but if he did not express it, he meant of the intellectual portion of the brain, that is, some portion of the cortical substance with its cells. In conclusion, he had heard nothing that he felt would justify him in altering his opinion as already expressed.

The meeting then adjourned.

MONTREAL, April 9th, 1880.

The ordinary meeting was held this evenir

the President in the chair. There were present Drs. R. P. Howard, Hy. Howard, R. MacDonnell, Kennedy, Cameron, Gurd, Ross, Fenwick, Trenholme, Guerin, Browne, Simpson, Smith, F. W. Campbell, Osler and Edwards.

Dr. OSLER exhibited, 1st. Aneurismal dilatation of the arch of the aorta. The patient had been under Dr. Ross' care, and concerning this case Dr. Ross gave a short account of the clinical facts:

The patient was a strongly built man of 38 years, who had had both syphilis and rheumatism. The symptoms from which he had suffered were, severe neuralgia of the right side of the neck, the pain shooting up behind the ear and down to the shoulder, a gradually increasing hoarseness of voice, troublesome cough, and occasionally an attack of marked dyspnœa. He was treated in the General Hospital. An ovoid, very strongly pulsating, tumor was found rising above the right sterno-clavicular joint, He was seen by several members of the staff. and the unanimous opinion held was that it was situated in the innominate artery. Dr. Ross had shared the same opinion, but thought that, probably, the arch was also somewhat involved. One reason for thinking so was the strong pulsation communicated through the trachea on making upward traction thereon. It was interesting to find that such conditions might occasionally be observed in an aneurism springing wholly from the aorta itself.

The PRESIDENT remarked that the specimen exhibited by Dr. Osler for Dr. Finney, with the clinical facts noticed by Dr. Ross while the patient was under his observation suggest several interesting observations: 1st. This aneurism of the arch presented the physical signs of an innominate, rather than of an aortic, aneurism, and it would not have been possible to have avoided mistake owing to a pouch of the aneurismal sac projecting exactly up in the course and alongside of the innominate artery, and to an absence of distinctive signs of dilatation of the arch itself. 2d. A surgeon could not have been blamed had he ligated the arteria innonyma or the carotid under the impression that the aneurism was innominate. 3rd. This is additional instance to the many others which have occurred here within the past few years of the occurrence of thoracic aneurism in persons the subjects of syphilis. It can hardly be alleged that the rheumatic fever which the patient had suffered was the cause of the disease, as in that case it would have to be contended that the rheumatism had skipped over the part it usually attacks, the valves, and had invaded the aortic walls, which it rarely, if ever, does. On the other hand has a special tendency to induce disease of the arterial walls. 4th. The absence of hypertrophy of the left ventricle in this muscular man suggests the idea that the aneurism probably ran a rapid course, and that sufficient time was not afforded for the development of marked hypertrophy. Lastly the co-existence of evidence of compression of the trachea by the tumor, with attacks of dyspnœa, and the support thus afforded Dr. Bristowe's views on that point.

The second specimen was one of congenital deficiency of the rectum, upon which Dr. Fenwick had operated. An incision was first made where the anus should have been, but the open bowel could not be reached in that way. An incision was then made in the groin, and the bowel opened and the edges stitched. The case, however, proved fatal on the following day.

Dr. RICHARD MACDONNELL exhibited to the Society an occipito-attoid anchylosis.

Dr. FENWICK then read a paper on the removal of a tumor in the vicinity of the thyroid gland, a portion of the right lobe being partly involved.

A vote of thanks to Dr. Fenwick was moved by Dr. F. W. Campbell, seconded by Dr. Hy. Howard.

Dr. CAMERON stated to the Society his wish to bring before the consideration of the members the subject of the communicability of typhoid fever by a portion of the milk supply of Montreal, expressing also the fact that Mr. McEachran would, if agreeable, give a paper on the Transmissibility of Tuberculosis from animals to man. It was decided that these subjects should be presented at the next meeting.

The meeting then adjourned.

O. C. EDWARDS, M.D.,
Secretary.

MARRIED.

On April 1st, by the Rev. Gavin Lang, Alexander H. Kollmyer, A M, M.D., Professor of Materia Medica and Therapeutics in Bishop's University, to Margaret A. Gaynor, fifth daughter of William Gaynor of Beech Ridge.

DIED.

At Pittsburgh, Pa., U. S., on the 14th of March, Ernest Robert, infant son of Charles Black, M.D., aged six months.

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CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

Report of a Fatal Case of "Gunshot" Wound of the Head, by Dr. Cassels, Three Rivers, P.Q., 197—Case of Spinal Apoplexy, by Geo. Wilkins, M.D., M.R.C.S., Eng., 198—Correspondence..... 204

PROGRESS OF MEDICAL SCIENCE

Rosacea of the Face, 206—Slippery Elm Suppositories in Piles, 206—To Remove Plaster of Paris from the Hands, 206—Boracic Acid in Skin Diseases, 206—Prevention of Relapses in Typhoid Fever, 206—Clinical Lecture on the Retention of Feces, 207—Aids to Surgery, by Geo. Brown, M.R.C.S., 210—Treatment of Epilepsy, by W. R. Gowers, M.D., F.R.C.P., 211—Topical Uses of Ergot, 212—A Tasteless Saline Purgative, 213—Flagellation a Preventive of Uterine Hemorrhage, 214—Treatment of Cracked Nipples, 215—How to Make a Spice Bag, 215—The Treatment of Chronic Nasal Catarrh, 215—Tight-Lacing, 216—Liniments for Ringworm, 216 — Calling the Doctor, 217—Treatment of Laryngismus Stridulus, 217—Conflagration from the use of the Thermo-Cautery during Anæsthesia from Ether, 218—The Treatment of Syphilis, 218—Clinic of Prof. Samuel D. Gross, M.D., LL.D., D.C.I., Oxon, 219—Gutta Percha for Fissured Nipples, 219—New Method of Plugging the Posterior Nares, 220—First Successful case of Cholecystotomy, 220—Phosphide of Zinc, 220—Treatment of Urticaria, 221—Quinine for Children..... 221

EDITORIAL.

Editorial, 221—Reviews, 223—Food and Food Medicines in Surgery...224

Original Communications.

REPORT OF A FATAL CASE OF "GUNSHOT" WOUND OF THE HEAD.

By Dr. CASSELS, Three Rivers, P.Q.

The interest of the following case lies principally in the terrible effect produced by a comparatively small force when applied to a peculiarly fatal spot by accident or otherwise, and in the length of time required to destroy vital action, the injury being of such an exceptionally severe nature.

At about 8 o'clock on the evening of December 26th, 1879, I was called to Mr. B., who had shot himself about an hour and a half previously.

Upon arrival at the house I found the patient lying on the floor of his dining room, on the spot where he had fallen after firing the shot, his symptoms as follows: Pulse 45, full and intermitting, one beat in four; respiration 17, stertorous; pupils equally and much dilated, quite insensible to light, muscles relaxed, skin warm, complete loss of consciousness and sensibility, and in fact all the symptoms of compression of the brain.

The wound was situated in the right temporal fossa, less than a quarter of an inch behind the posterior branch of the temporal artery and close above its junction with its anterior branch, and was a perfectly circular hole of about one eighth of an inch in diameter (as if punched out), the hair was singed, and the orifice of the wound was ingrained with powder; very little blood had been lost.

The pistol used by the unfortunate man, was the smallest size Smith & Wesson seven chamber revolver, and one cartridge only had been fired. On subsequent examination of a cartridge similar to the one which had been used, I found that it weighed exactly forty (40) grains, distributed as follows: bullet, twenty-five (25) grains; copper case, ten (10) grains; powder (including the fulminate), five (5) grains.

I was told by his wife that some ten or fifteen minutes after receiving the wound, the patient, in answer to her question, "if he thought he was going to die," had replied, "No, I am going to get well." These were his last words, unconsciousness rapidly supervening.

His regular medical attendant, who saw him within a few minutes after it happened, had applied cold to the head, a mustard sinapism to the heart, hot bottles, etc., to the extremities, but could not rouse him to swallow any stimulant.

I was unable with a probe to trace the wound more than half an inch into the muscles, and failed, after minute and careful examination, to detect any fracture or depression of the skull.

I had made up my mind to cut down, enlarge the wound, and try and ascertain the amount of injury, but, while waiting the arrival of some of my confrères, I observed that the symptoms of compression were lessening, the breathing became regular and calm, the pulse softer and more frequent, about 64, but still intermitting, the pupils more contracted and slightly sensible

to light, moderate sensibility of the limbs, as they twitched slightly when pricked with a needle, and the patient was more easy although still unconscious, but in a less degree. Taking into consideration this amelioration of the symptoms, also, as I then supposed, the small power of the projectile, and again that most probably the bullet had taken an upward and forward course (judging from the way in which a right-handed man would most naturally perform the act, the muzzle of pistol higher than his hand, and his head turned slightly to the left), I began to hope that, perhaps, the ball had not penetrated the skull, but might have glanced off the bone and be lodged in the scalp. With this idea I again carefully examined the patient, but could find no evidence in support of this supposition. This comparatively improved condition lasted for about two hours, during which time all the usual remedies were tried to restore consciousness, but although the insensibility lessened to a considerable degree, he never recovered sufficiently to swallow or speak. Between 11 o'clock and midnight, without any apparent reason, the coma increased very rapidly, and became so deep in such a short time that I saw I was mistaken as to the amount of injury done, and that it was very much more extensive than I had supposed, and I therefore considered it certain that a severe and copious hemorrhage had suddenly taken place from some large vessel which had been wounded by the shot, and temporarily plugged by a coagulum which had given way under the reaction, and that trephining would not be of the slightest use, or indeed give the most distant hope of success. The post mortem justified my prognosis. Death took place at a few minutes before 7 o'clock a.m., of the 27th instant.

At the request of the Coroner, I made a post-mortem examination of the head of the deceased the same day, eight hours after death. Rigor mortis well developed. On removal of the calvaria, I found that the bullet had passed through the anterior inferior angle of the right parietal bone, cutting the anterior branch of the middle meningeal artery below its division. The hole in the outside of the bone was quite round and clean, but on the inside it was five or six times larger and very irregular, pieces of the inner table being splintered off, many of which I found imbedded in the brain substance. There was a clot as large as a man's closed fist from the meningeal artery, and an enormous effusion of serum both outside and inside of the membranes, the dura mater being detached from a large surface of the bone. At the base of the brain, in front of the crura cerebri, was another clot as large as a small orange, and in this clot, close to the optic commissure, I found the bullet. I was unable to ascertain from which artery this clot came, probably the middle or anterior cerebral. I am sorry to say that, as the Coroner's jury were waiting for me, I cut away somewhat hastily in my anxiety to get the ball, and it was too late to make a more careful examination when I found the second clot, as the parts were so much broken up.

Remarks.—My idea of how the shot was fired, certainly the most natural way, was just the opposite of the fact, for the pistol must have been held in exactly the reverse way, to direct the bullet inwards to the base of the brain; that is to say, hand higher than the muzzle, and head turned slightly to the right, "*and more than that, he must have pulled the trigger with his thumb, as, from the direction of the wound, he could not have reached the trigger with his fore-finger without straining the hand very much, in fact I doubt its possibility.*"

During the past fifteen years I have performed or assisted at a large number of post-mortems of persons killed by brain injuries of all kinds, and the above is the first case in which I ever saw two such large and distinct clots.

CASE OF SPINAL APOPLEXY.

By GEORGE WILKINS, M.D., M.R.C.S., Eng., Professor of Pathology and Lecturer on Practical Physiology, University of Bishop's College, Physician to the Montreal General Hospital.

(Read before the Medico-Chirurgical Society, Dec. 12, 1879.)

J. G., æt. 40, married, a carpenter, was admitted into hospital on 8th September, 1879, in a condition of paraplegia. His history is as follows:—For some years past he has been a hard drinker at times; on the morning previous to admission into hospital, being Sunday, he took four or five glasses of spirit, and lay down on the floor of his room, where he fell asleep: he lay there five or six hours, when he

awakened, and on attempting to rise, found he was completely paralyzed. He says he felt no pain whatever, and that up to a week previous to this attack he was perfectly healthy, and that he worked at his trade until the day before.

Although able to work during the week previous to the paralysis, he complained of having had during that time slight shivering attacks, that he had been a little feverish and had had slight pains in his legs and shoulders, but he considered them only trifling, and attributed his present trouble to his having strained himself, he thought, in carrying home a bag of potatoes the previous night. In reply to leading questions put to him, he thought he had not quite as much power over his limbs, although it did not attract his attention, nor did he perceive any alteration in sensation. He had no trouble in urination, but for a month or so had been restless at night, and would rise two or three times and walk about the room, complaining of the bed being too hard.

He denies ever having had venereal disease of any sort, but appears to have been excessive in the gratification of his sexual desires.

Symptoms on Admission.—Patient has the appearance of a well-nourished, strong, muscular man, and as he lies in bed complains of no pain whatever. He lies perfectly motionless, but is able to move his head and neck.

On percussing spine, tenderness is felt over fourth and fifth cervical vertebræ. There is complete loss of power and sensation in body and limbs below line of nipples; also loss of muscular power in the arms except flexors of forearms, and loss of sensation except over radial side of forearm, in which region, although able to recognize handle of penknife and piece of money, he cannot differentiate heat and cold.

There is complete absence of reflex excitability in paralyzed parts; almost complete absence of Faradic irritability on applying current to legs. It was not considered advisable to test electric excitability of arms on account of reflex centre of those parts being near supposed site of lesion. There was no expansion whatever of chest, breathing being entirely diaphragmatic. Heart sounds normal. Bladder distended, reaching half-way to umbilicus; 34 oz. of urine were drawn off, being the amount secreted since the occurrence of paraplegia. Pupils contracted to size of pin head, fixed and immovable. Temperature on admission, 103.2°.

His chest, abdomen, and back were covered with a lichenous eruption, which, he said, had made its appearance during the past week.

Progress of Case.—Temperature, which on admission was 103·2°, rose on the following morning to 104·3°, falling same night to 99·2°, and the next morning to 96°, at which it remained, with a variation of 0·2° on one day, up to his death, which occurred on the tenth day.

About forty-eight hours after onset of paralysis a bulla 2·5 cm. in diameter formed on internal aspect of right foot, over scaphoid bone, and twenty-four hours subsequently two much smaller ones appeared over eighth dorsal vertebra. Bowels moved involuntarily and unconsciously, regularly once a day, on two occasions twice, after admission. Urine was withdrawn twice a day. Priapism was occasionally present, sometimes the erection being complete, at other times only partially so.

Respirations, which during the first two days were twenty-four per minute, fell to eighteen on the third day, gradually increasing in number until the sixth day of illness, when they were thirty-two per minute, about which number they remained up to death. Pulse 84 on admission, fell on second day to 52, gradually rising to 72, at which it remained to the last, keeping regular during the whole time.

On the fourth day patient complained of the mucus râles, which had been gradually making their appearance, and which, from his inability to cough and expectorate, continued to accumulate, thereby interfering with respiration to such an extent that on the sixth day the lips were blue and countenance presented a dusky hue; which condition increased until complete asphyxia was produced.

The urine, which was occasionally examined for albumen during the first few days of his illness, was found to contain none. On the sixth day it was ammoniacal, sp. gr. 1030, and highly coloured. The bullæ which made their appearance on the second and third days, remained *in statu quo;* there were no indications of bedsores about nates.

Pupils remained tightly contracted up to his death, and when examined a few minutes after death had undergone no alteration.

At the *post-mortem* examination, on opening

the spinal canal, the plexus of veins covering the dura mater contained more than the normal quantity of dark blood, the dura mater itself presented a normal appearance; a longitudinal incision was made through it, permitting the escape of a small quantity of cerebro-spinal fluid. On passing the finger along the cord it was felt to be of slightly softer consistency between the origin of the first and third dorsal nerves; below that firm: above not quite so firm as normal, and slightly enlarged opposite sixth cervical nerve; pia mater congested for the whole length of chord. The spinal nerves were now severed external to the dura mater; the cord and its membranes divided immediately below medulla and removed *en masse*. In the median line of the posterior surface, between the origin of the fifth and sixth cervical nerves, a bluish-black spot, about the size of a pin head, was observed lying beneath the pia mater, which is perfectly intact. On making a transverse incision through this spot, the knife cuts through a dark red clot of a caseous consistence, which at this point is twelve by five millimetres in transverse diameter, the white substance of the cord forming a thin, ragged wall around it, except at this small spot, which is seen superficially. Transverse incisions were made through the substance of cord, one centimetre apart, along its entire length; on examining these cut ends, the clot can be traced with the naked eye as far down as the fourth dorsal nerve, and upward to the second cervical, but that portion between the fifth and eighth cervicals is somewhat cone-shaped, the larger extremity of the cone being opposite the origin of the fifth cervical nerve, where it is twelve by five millimetres in diameter, dwindling down to about two millimetres in diameter opposite eighth cervical nerve, below which it is continued as a mere trace to lower limits first mentioned; at lower fibres of origin of fifth cervical it becomes suddenly smaller (1·5 millimetres in diameter), gradually diminishing in size to upper limit first mentioned. The clot occupies the centre of the cord, and where small enough appears to the naked eye to be limited to the grey matter. The various sections present a pale appear ance, except through the clot, which is of a chocolate colour. In the softened portion, the cord swells slightly above the edges of the cut surface.

For microscopical examination, sections were taken in the fresh state, and also after hardening in bichromate of ammonia. Sections were made in a freezing microtome, stained with eosine and hæmatoxylin, and mounted in damar. Sections for examination were taken from the cervical, dorsal, and lumbar regions of the cord. The sections from the cervical region were but very slightly increased in vascularity.

On examining with a hand lens sections opposite origin of fourth cervical nerve, the clot, which is here a little over one millimetre in diameter, is seen to occupy the whole of the grey commissure extending on both sides almost, but not quite, to the lateral columns, and nearly as far as the ganglion-cells of the anterior cornua; it does not invade the white commissure, but encroaches slightly on the posterior columns lower down, considerably so. In all the sections made by me of this portion of the cord, on examining with a higher power the anterior cornua are not at all encroached upon by clot, and are but little increased in vascularity; indeed, the vascularity in this portion of cord is very much less than in any sections of the dorsal or lumbar region.

The white columns in some of these sections contain numerous corpora amylacea, which are especially abundant in the external zone of the most posterior portion of the antero-lateral columns; the posterior columns contain a few much smaller corpora.

Several sections of different portions of the dorsal and lumbar region were also examined, in all of which the vascularity was much increased, the upper dorsal portion being much the most vascular, many of its vessels having aneurismal dilatations and several of the sections showing capillary extravasations—these dilatations and extravasations being seen only in the grey matter; the vascularity of the white substance, although much increased, was not nearly so much so, relatively to normal, as that of the grey matter; the central veins of the grey matter have their coats very much thickened and in a state of corpuscular degeneration. The vascularity of the grey matter in the vicinity of the ganglion-cells of the posterior cornua of the superior dorsal region is very much greater than in the anterior cornua. The

ganglion-cells of the posterior cornua in all the sections appear to have undergone changes. Through the entire length of the cord many of them have lost their prolongations. In the upper dorsal region they are much larger; they have a bulged and swollen appearance, and several can be seen with their nuclei in a state of division—some in the act of dividing, others with two separate nuclei. In many of them no trace of nuclei or nucleoli can be discovered; further down in the dorsal portion of the cord the cells present a somewhat atrophied appearance, and the posterior cornua of the grey matter are thin and translucent, a small segment in the region of the ganglion-cells being much atrophied, and not taking the hæmatoxylin staining.

In the lumbar region of the cord the ganglion-cells of the posterior cornua are very much diminished, both in size and in number, in some of the sections only two or three small and imperfect cells can be seen; the cells of the anterior cornua seem to be perfectly normal. This portion of cord is very much more vascular than the lower dorsal region, some of the vessels presenting a peculiar knotted, or rather double-looped appearance.

In all the sections of the dorsal region of the cord the central canal is completely obliterated, owing to its being plugged with epithelial cells and granular matter. In the lumbar region it is pervious, and almost rectangular in shape.

The nerve fibres of the white matter in the anterior dorsal region are in a state of granular degeneration, their axis cylinders are but faintly seen—can only be occasionally distinguished from the cells and nuclei which, with granular matter, swell the neuroglia.

The white columns in the lumbar region present no abnormal appearance.

In referring to the pathology of this case, the first questions are:—Is this a case of spontaneous spinal apoplexy, analogous to frequently recurring cases of cerebral apoplexy, in which no lesion of the nervous centre itself exists before the escape of blood into its substance? Or, is it the result of previously existing inflammatory action in these centres? That blood vessels can spontaneously rupture into the substance of the healthy cord, as in some forms of cerebral apoplexy, is proved by a few carefully reported cases, more especially one by Goltdamer in a recent number of Virchow's Archives.

Writing in 1876, he says, that but thirty cases of spinal apoplexy are recorded, of which at least twenty showed symptoms of previously existing myelitis. The case just reported must, I think, be considered one of this class, although the indications were ill-defined. The symptoms present pointing to the probable existence of myelitis before the occurrence of paralysis were:—A lichenous eruption on the body, flushes of heat, chills, slight pains in the limbs, and a feeling of not being quite so well able to work as usual, although he managed to follow his trade as a carpenter up to the day previous to the paralysis. To these may be added two at least of the symptoms which were present when he entered Hospital—abolition of reflex action and almost complete loss of electric excitability of the muscles; the latter symptom especially, I look upon as important, since without it the former would lose its significance at this early stage of the disease. In animals reflex action is abolished for a certain length of time after division of the spinal cord, varying with the species; thus in the frog only two or three minutes, whilst in the rabbit as many or more hours frequently will elapse before the reflex irritability returns—this condition being due to shock.

In the cases of injuries to the spinal cord in man, which most nearly approach the conditions experimentally produced in animals, the length of time that has elapsed after occurence of injury before appearance of reflex action is very varied; in some of the reported cases it has been observed within a couple of hours, in others, three or four days, sometimes more, have elapsed before the cord recovers from the shock and reflex action appears. Cases of injury are also frequently recorded, some of them in the cervical region, in which at no time during the progress of the case were there any manifestations of reflex action; in these its continued absence might, I think, be fairly ascribed to changes extending to the ganglion-cells of the cord below the lesion, as they have been for the most part cases in which inflammatory softening had been produced at site of injury by a dislocated or fractured vertebra. At no time during the progress

of my case were there any manifestations whatever of reflex action; he lived long enough to allow the effect of shock to pass away, and no symptoms that could be attributed to shock appeared at any time while under observation. I regard the absence of reflex action as due to changes having already taken place in the grey matter of the cord. Microscopical examination showed the lumbar region of the cord to be abnormally vascular, more so than some portions of the dorsal region. The genito-urinary centre is situated in this part of the cord, and from these facts I infer that the continued and unrestrained sexual excesses caused a hyperæmic state of that region, which extended upwards; myelitis set in, lessening the resistance of the cord, thus permitting the capillary extravasations, as well as the greater rupture. The inflammatory state, by interfering with the function of the ganglion-cells, would thus explain the absence of reflex excitability. It would also account for the apparent early absence of Faradic contractility, supposing it to be due to degeneration of muscle, one of the most constant changes occurring in consequence of irritative lesions of the spinal cord. As this seldom makes its appearnce before the fifth day (between the fifth and fourteenth days, according to Charcot), its presence within forty-eight hours after paralysis would point to an abnormal condition of the nervous centres previous to the occurrence of hæmorrhage. The same inflammatory, and consequently irritative, condition of the spinal cord, would account for the presence of the lichenous eruption, which had made its appearance before entering Hospital; this being one of the many forms of skin affections which are so often seen in *irritative* lesions both of the spinal cord and nerves. Of course, similar cutaneous eruptions may occur and no lesion of the nervous system be found, but its occurrence in this case, coupled with the other symptoms then and subsequently present, point to its being of spinal origin. The bullæ which made their appearance in the course of the disease are among the commonest symptoms accompanying affections of the substance of the cord; this was pointed out fifty years ago by Bright, but it remained for Charcot to define the nature of the lesion. When these symptoms are associated with disease of the spinal cord, he claims that the diseased portion of the cord has been the seat of *inflammatory* mischief. The lichen and other cutaneous affections which appear in the course of the disease, he says, depend upon irritative lesions occupying either the central and posterior portions of the grey matter, or the white posterior fasiculi. The microscope shows unmistakable evidences of such a condition having existed in my patient.

It further enables us to account for another very interesting fact—that while tactile sensation was present in a certain part of the arm, the patient could not recognize heat or cold when applied to same part. According to views advanced by Brown-Sequard, and supported by many observers, the path for temperature impressions in the cervical and dorsal regions is by the central grey matter, while tactile impressions travel chiefly by the anterior parts.

Patient was able to flex his forearms, thus showing that some, if not all, of the motor fibres in the musculo-cutaneous nerve were not implicated in the lesion in the cord, and as the portion of the forearm in which sensation was present corresponded to the cutaneous distribution of the same nerve, it follows, as a matter of course, adopting Brown-Sequard's views, that the anterior cornu of the grey matter which is connected with this nerve was perfect, or that some, at least, of its ganglion-cells had uninterrupted communication with the brain and the peripheral extremities of the nerve; and further, from the fact of temperature sensation being absent, that the central grey matter which is in relation with the same nerve was destroyed, or its communication with the brain interrupted.

On examining the brachial plexus, it will be seen that the musculo-cutaneous nerve arises from its outer cord, and that it is the uppermost of the divisions of that cord; for this reason, I think, it is quite probable that in the spinal cord it has the highest origin of the branches of the plexus. Indeed, the situation of the clot, and exemption from paralysis of the flexor muscles of the forearm, as well as the tactile impression of the portion of the forearm supplied by that nerve, I think fully justifies the conclusion. The section of the spinal cord opposite third cervical nerve is at least five millimetres above the entrance into the grey matter of the uppermost fibres of the fifth cervical nerve (the first nerve forming brachial plexus). In the microscopic

sections of this region, the greater portion of the central grey matter is destroyed; lower down it is completely so. According to Brown-Sequard, this is the path by which sensations of heat and cold ascend. The posterior white columns are encroached upon transversly by clot to a slight extent only, so that the great majority of the fibres have their conducting qualities intact. If Schiff's theory is correct, that these latter columns alone conduct sensations of heat and cold, then the tactile impression being conveyed to the brain temperature impressions should also have been transmitted.

This case, I think, supports Brown-Sequard's views.

The facts and theories connected with this particular nerve in this case are, I should say, these :—When patient endeavoured to move his arm, impulses were directed from the cerebrum to the sensory ganglia at base of brain, and there excited motor influence, which was transamitted long the motor tract of medulla oblongata and the antero-lateral columns of the spinal cord to the large ganglion-cells in the anterior cornua of the grey matter, then by the anterior columns and anterior roots of fifth cervical nerve, through brachial plexus and external cutaneous nerve to flexor muscles. Sensation was conveyed from radial side of forearm, by same nerve, through posterior root of fifth cervical, passing both upwards and downwards in the posterior columns to posterior cornua, the external fibres of which run forward to ganglion-cells in anterior cornua, and are then transmitted to brain as tactile impressions. The fibres which are connected with and partly form the central portion of the grey matter and which should by that path, transmit temperature impressions to brain, have their communication with it shut off by the complete destruction by clot of the central grey matter above these fibres.

It is unnecessary to refer to the well-known respiratory symptoms occurring with lesions immediately below origin of phrenic nerve which were present in this case.

With reference to the pupillary symptoms which were present, the seat of lesion afforded no more information than that it was in the path of the fibres which formed part of the cervical sympathetic, the dilator fibres of the pupil being supplied by this nerve.

Budge calls by the name of "Centrum Cilio-Spinale Inferius" that portion of the cord between the sixth cervical and second dorsal, which corresponds very closely with the seat of lesion in this case; other observers have, however, placed it much higher, and have had their views supported by physiological experiments and also by pathological observations.

A very interesting problem in connection with this case is the cause of the continued low temperature, quickly following an ordinary febrile temperature. It will have been noticed that during the progress of the case, on the second day after admission into Hospital, temperature was over 104°, subsequently falling to 96°, a bulla having previously made its appearance on foot. According to most observers, the variation of temperature in this case would be accounted for in this way: the same lesion in the cord that caused paralysis of motion would also cause vaso-motor paralysis in consequence of which the blood vessels of the paralysed part were dilated to about twice their size, thereby admitting a larger volume of blood into the cutaneous vessels; this would account for the primary elevation of temperature. Under continued exposure of this larger quantity of blood to the cooling effect of the atmosphere, together with diminished combustion in the anatomical elements of the paralysed parts (the vaso-motor system being the great regulator of nutritive activity), rapid cooling of the parts will ensue. It must be remembered that it is now well established that the spinal cord itself contains vaso-motor centres along its entire length, and it is probable that the same condition that causes abolition of reflex would also keep these centres paralysed. Goltz would say, "actively dilated." Other observers would argue that the increased heat production would be better explained by irritation of the grey matter, quoting in this case, with some show of reason, the coincident appearance of bullæ which in spinal lesions are only seen when these lesions are of an irritative character; for it will have been observed that no bullæ or other cutaneous affection came on after the fall of temperature, nor was there any other appearance of bed-sore. The frequently observed fact of extraordinarily high temperature following spinal injury has been mentioned in support of this view, and also that, in these cases, some

time elapsed after the receipt of injury before the rise in temperature took place; the question of time affording additional support, since the inflammation consequent on injury would not immediately be sufficiently intense to act as an irritant.

After the third day, when the temperature fell, there were no symptoms indicative of an irritation to any portion of spinal cord. The non-apppearance of bedsore over nates, such sore frequently occurring in such cases, or of fresh bullæ after that period, would tend to support that opinion.

Without attempting to offer any explanation for these temperature phenomena, an objection to the adoption of the latter theory is the presence of the clot, which was likely to continue to act as an irritant, and, if so, the temperature should also have remained high.

Microscopical sections of the cord in this case, illustrating the various morbid conditions described in the paper, were exhibited at the meeting; also, for the purpose of comparison normal preparations of human spinal cord and cord of cat.

Correspondence.

OUR LONDON LETTER.

LONDON, ENGLAND, May 1st, 1880.

Another accident at a Music Hall, at one of those senseless exhibitions on the trapeze, this time at the Temple Opera House, Bolton, owing to the fall from a height of upwards of 20 feet of two performers, one missing his grasp of the other. "No bones were broken, but both men were stunned for a time." This makes another to be added to a long series of accidents occurring at those places of entertainment in a few weeks. How much longer will a paternal government allow these dangerous and worse than useless exhibitions to take place. The rage for sensational athleticism in the present day is something appalling, and I suppose we have yet to learn what the "human form divine" is to be made capable of enduring.

I am afraid I was somewhat premature in announcing that the dispute at "Guys' respecting the nurses was about being settled; matters still appear to remain in *statu quo* there. In private practice a skilled nurse is put in charge of the patient, and has written instructions from the physician which, if she does not obey, she is speedily replaced by one who will, the patient's life frequently depending upon the physician's orders being faithfully carried out. Nurses and sisters at an hospital ought most certainly to be made directly responsible to the medical officers.

A very pretty quarrel between a late physician to St. John's Hospital for skin diseases in Leicester Square and the authorities connected with that institution culminated to-day in the appearance at Bow Street on a charge of libel of the physician in question and the Editor of the *Medical Press and Circular*. The physician charges the management "with receiving large sums of money from the out patients and not accounting for them," to the extent of upwards of £2,000,—a very serious charge, and one which, I should have thought, if untrue, could be easily refuted. The defendants were both formally committed for trial, which, when it comes off, may possibly result in some interesting disclosures.

The following paragraph is copied from the *Kensington News*, a paper enjoying rather a large circulation in and around the suburb of that name. I have not seen or heard of any account of the interesting and unusual event in any other paper, medical or otherwise:

"That fact is stranger than fiction is a proverb well known to us all, but perhaps it has never been better exemplified than during the past week. On March the 15th, 1880, the wife of a barrister, residing in Hampshire, gave birth to a fine boy, and, at the end of the fourth week, was churched, received, and returned visits. On the 21st of April she astonished her friends with the news that she had presented her husband with a second son. At the present time mother and child are doing well."

Chian turpentine has been lately brought into prominence as a cure, or at all events a palliative, for cancer, chiefly in uterine cases. I have a case in which I am now trying it, and will not fail to let your readers know the result. I am writing from memory, but think it is to Dr. Clay of Manchester that we are indebted for this remedy which, if successful, will be an incalculable boon to sufferers from that most painful and distressing of all maladies. Chian turpentine was formerly used as a remedy for

chronic mucous discharges, but it is most difficult to get the genuine article, it being extremely scarce.

The following is another of one of those wonderful accounts which reach us from time to time of the power that the native mesmerists of India possess: In crossing last month from Dieppe I met a gentleman who had been some years in India, and he assured me that on two occasions, he had been instantly cured of two very severe sprains of the ankle accompanied with great swelling and inflammation, and which had existed for several hours, but were instantly cured by a native by a few mesmeric passes, wonderful but incomprehensible, at least to me. A native mesmeriser, named Buni, whose magnetic power would appear to be found quite irresistible by the lower animals, upon which he exclusively exerts it, gives séances, to which the public are invited to bring all manner of ferocious and untamable wild beasts, and, like the Ancient Mariner, holds them with his glittering eye. In a few seconds they subside into a condition of cataleptic stiffness, from which they can only be revived by certain "passes" which he solemnly executes with his right hand. An account of one of these séances states that a snake in a state of violent irritation was brought to Buni by a menagerie proprietor, enclosed in a wooden cage. When deposited on the platform it was writhing and hissing fiercely. Buni bent over the cage, and fixed his eye upon its occupant, gently waving his hand over the serpent's restless head. In less than a minute the snake stretched itself out, stiffened, and lay apparently dead. Buni took it up, and thrust several needles into its body, but it gave no sign of life. A few "passes" then restored it to its former angry activity. Subsequently a savage dog, held in a leash by its owner, was brought in, and at Buni's command, let loose upon him. As it was rushing towards him, bristling with fury, he raised his hand, and, in a second, the fierce brute dropped upon its belly as though stricken by lightning. It seemed absolutely paralysed by some unknown agency, and was unable to move a muscle until released from the magnetiser's spell by a majestic wave of his hand.

Is the following new to your readers? I am quite satisfied with my own proboscis and, singularly enough, find all my friends so, or at least so much so, as to be quite disinclined to allow me to try the operation, which is a pity:

Probably few persons know what a "nasal extensor" is, though it is said that the manufacture of such articles has become a regular part of the business of fashionable dentists in America and on the Continent of Europe. Persons who are dissatisfied with their noses will be glad to hear that a "nasal extensor" is a silver lining for each nostril, the two metal forms being connected together by a yoke at the base if necessary, and the interior covered with red enamel; and by the constant use of extensors, a pug nose, or, to put it more delicately, a nose that is "tip-tilted like the petal of a flower," may be transformed to any shape that its owner and her adviser consider desirable. The New York correspondent of a Cincinnati newspaper describes these inventions, and solemnly asserts that the use of nasal extensors is very common among the ladies of that city, and particularly affected by women to whom Nature has denied the elegant Grecian contour. It has long been understood that a determined person, who is dissatisfied with his or her nose, can alter the shape, though the operation is disagreeable; but, in the cause of vanity, men—and women—will suffer much. A deep transverse incision has to be made across the offending pug about three-quarters of an inch above its tip, cutting through the skin, cartilage, and septum with a single clean stroke of the knife, until the edge of the instrument is on a level with the face. This done, the half-severed tip must be depressed to the proper level, leaving a triangular gap between it and the firm upper portion sustained by the nasal bones. Small, but deeply-incised flaps are next dissected out on either side of the gap, in such a manner as to fill the vacant space and to meet each other at the top. A nasal extensor is fitted in, the nose is trained to the desired shape, and, when the scars are healed, the patient is happy. Of course, all who use extensors do not undergo this operation, but without it the training of an obstinate nose in the way it should go is a tedious business. Whether extensors are used in England the writer from whom we quote omits to say. If persons observe the shape of their friends' noses changing they will guess the reason.

A case tried in the Court of Queen's Bench

here last month, resulting in a verdict for the defendants on all points, and which verdict has since then been refused by the judges to be disturbed, is of interest to the medical profession, and shows the lengths to which some people will allow, what? Their temper? to carry them. The plaintiff a medical man places his son with the head master at Epson college. The boy contracts scarlet fever, is removed to the infirmary, and dies: an action is forthwith brought against the head master and the medical attendant of the college which, if it meant anything at all, meant directly to contend that they were guilty of the boy's death; the ground of the action being that the plaintiff said the head master had agreed to keep the boy in his house *under any circumstances*, and that the infirmary was not in a fit state to receive him. A more ill-advised and ill-judged action has never been brought, and yet it is said the plaintiff is about to carry it to the Court of Appeal!

I must apologize for not sending you my usual contribution last month, but I was in Paris for a fortnight and in bed for ten days soon after my return, having been violently expelled from a hansom, (shot out like rubbish, a friend said) and left with one side of my face like Joseph's coat and the other like a rainbow. Handsome is as hansom does was not true in this case, fortunately it couldn't spoil my beauty, and did not my nose.

R.

Progress of Medical Science.

ROSACEA OF THE FACE.

Dr. Hillairet, in *Annales de Dermatologie*, recommends the following, which he has used with excellent success:

Wash the face several times with very warm water, then—

℞. Sulphuris sublim..... ʒ j.
Tinct. camphoræ..... ʒ ij-iv.
Etheris sulphurici..... ʒ j.
Aquæ.....ad ℥ viij. M.

Bathe the face at night with this and let it dry on. In the morning wash, and apply—

℞. Zinci oxidi..... ʒ ss-j.
Unguenti petrolei..... ℥ j.

Improvement begins in a week, but the treatment should be continued several months.

SLIPPERY ELM SUPPOSITORIES IN PILES.

These are recommended in the *Medical Herald*, by Dr. E. J. Kempff. He observes that suppositories made of powdered slippery-elm bark and warm water (sufficient of the latter to make a sticky mass), medicated with fluid extract of belladonna or ergot, recommend themselves in rectal diseases and for piles, enlargement of the prostate gland or uterine fibroids. They become slimy, dissolve gradually, and medicate very slowly.

TO REMOVE PLASTER-OF-PARIS FROM THE HANDS.

A very effectual way of removing plaster-of-Paris from the hands is mentioned by a correspondent of the *Boston Medical and Surgical Journal* as being employed in St. Thomas's Hospital. It consists merely in the use of white of egg, instead of soap, in washing the hands The fact will interest those who have much to do with plaster dressings.

BORACIC ACID IN SKIN DISEASES.

Neuman prescribes an aqueous solution in parasitic skin diseases, an alcoholic solution in itching due to urticaria and pruritus, an ointment in all forms of eczema. It may be also dusted over a part in powder. The ointment is of the strength of 10 parts in 50; the solution, of 10-20 parts in 300.—*Der Pratische Arzt.*

PREVENTION OF RELAPSES IN TYPHOID FEVER.

Immermann is of opinion (*Centralbl.*, No. 1. 1879) that relapses in cases of typhoid fever are due to the presence of the typhoid poison in the system, except in instances where the patient has committed some error in diet. The latter occurrence can of course be prevented by watching the patient carefully, and the author has endeavored to prevent the former by putting the convalescent through a systematic process of disinfection. The process consisted in giving the patients daily from 4 to 6 grammes of salicylate of soda for ten or twelve days, beginning from the first day the temperature assumes its normal state. Fifty-one patients were treated in this way, and only two suffered from relapses; one owing to something she had eaten in secret, and the other because, owing to a mistake, the drug had not been given to him immediately after the fever had left him. Fifteen out of sixty-seven patients who had not been treated with salicylate of soda had relapses. The author concludes from these observations, that salicylate of soda is not only a powerful preventive of relapses in cases of typhoid fever, but that it also would prove very useful in procuring im-

munity from the disease for the nurses and attendants.

Immermann has also observed that patients who had been treated exclusively with cold water showed a greater tendency to relapse than others who had undergone a combined water and quinine, or salicylate of soda treatment.—*London Med. Record*, May 15, 1879.

CLINICAL LECTURE ON THE RETENTION OF FECES.

[By J. Matthews Duncan, M.D., LL.D., in *Medical Times and Gazette.*]

Incontinence of feces is a disease of importance not only because the feces pass involuntarily, but because also this imperfection leads in a peculiar way to depravation of the general health. How long the feces take to pass is a subject that I do not intend to enter upon to-day; but when they pass too slowly and accumulate they may lie in any part of the great gut. The most frequent seat of accumulation is the rectum and sigmoid flexure but you have cases of enormous accumulation taking place when the sigmoid flexure and the rectum are emptied by cathartics or by enemata. In some rare cases of this kind, where, when the case comes to a happy termination, a potful of feces is evacuated, you may, before the evacuation, feel the accumulation, as I have already said, in any part of the course of the colon. I have seen enormous masses of this kind, which were for a time suspected to be malignant masses, in the right flank; and the worst case I have ever seen presented the accumulation in the epigastric region; an immense accumulation of feces could be felt, forming a hard tumor in the region of the stomach.

I shall now read to you a case illustrating a common form of accumulation which implies retention of feces. Indeed, cases are recorded —though I do not ask you to believe them implicitly—where a woman only defecated every three months. The case which I am about to read is in "Martha," on account of phlegmatia dolens of a peculiar kind. On palpating her belly we could perceive a peculiar pultaceous fulness of the abdomen, without resonance or with very limited resonance. This condition led us to inquire into the state of this woman's bowels, and I will read you the particulars in this respect of her case: L. B., aged thirty-three; seven children; last child born six weeks ago in an easy labor; has never been well since; phlegmatia dolens of left leg began a fortnight after delivery. Her symptoms indicate the probable existence of abscess in the thigh, but locally no sign of it can be discovered in the swollen limb. During the first fortnight after confinement the bowels were opened once or twice; for four weeks previous to admission they were not opened at all. Abdomen presents little tumefaction; no tympanites, but some resonance every where; has a doughy, pultaceous feeling. Castor oil and turpentine were administered four nights in succession, producing three or four large evacuations. The first three evacuations were very large and hard, the rest more nearly liquid. The abdomen is softer and more resonant on percussion, and the woman feels better.

There is a kind of retention the very opposite of this—retention in the rectum of little bits of feces. These little bits may not be scybala. Sometimes they are very black and peculiarly irritating, but this is not a necessary quality. The rectum, on examination, is found not to be a tube of moderate and nearly uniform dimensions, but a semi-paralyzed tube, dilated and pouched. In this kind of rectum the bearing-down pressure does not evacuate the bowel completely, and little bits are left which may give rise to intense irritation. A case of this irritation I saw a few days ago. This woman, after the evacuation of the bowels, which she effects by an aloetic purgative, has to use and always does use an enema to wash out the pouched semi-paralyzed bowel. If she does not use an enema, or if the enema does not succeed, she has irritation far worse than tickling, which she can not forget, and which prevents her from sleeping. I have said, "if the enema does not succeed;" and in her it generally does not succeed, and then she always has to put in her finger and get hold of the very little bit or bits and pull them out, and until she does she can get no rest. This condition is important on account of the annoyance it causes.

A semi-paralyzed pouched rectum is in potential dimensions equal to the whole pelvis. It is necessarily an inactive rectum, and the feces are often accumulated and very difficult to get out. In such cases it frequently happens that no kind of purgative is efficient, and the bowel must be washed out. This washing by an enema consists in dissolving the feces and in filling the rectum with a fluid which carries away the feces in its gush through the anus when the woman stools. Sometimes the enema does not succeed; and I have known women—generally women exhausted by excessive child-bearing, who had long suffered from this condition—who had to dig out with their fingers the feces from the rectum; not a little bit left which irritated the rectum, but the mass of feces, the whole stool.

There is a kind of this pouching which is peculiar to women that occurs in women who have vaginal rectocele. The fecal mass is projected into the pouch of the vaginal rectocele. It does not make the turn downward as it ought to do in order to emerge at the anus, but passes forward, and with the rectocele pushes through the os vaginæ. If the woman has no

disease but this vaginal rectocele she can be taught to assist herself. When defecation is going on she presses firmly against the orifice of the vagina, and pushes back this pouch so as to restore the proper shape to the rectum, and then the feces are evacuated naturally in other respects.

Retention of feces is sometimes caused by congenital smallness of the anus. The most common cause of reteniton from smallness of the anus is a too thorough operation for piles. Cases of this kind are not very rare where the anus gets too much closed, generally by the contraction of the cicatrix, so that the woman can not effectually defecate. In some cases the evil is temporary, and arises from spasms of the sphincter.

Now I come to another kind of retention which introduces me to the word scybalum. A scybalum is a rounded or oval mass of feces the size of a hazelnut or of a hen's egg, or larger, which, long retained, has become partly decolorized, hardened, and sometimes incrusted with salts of lime, producing a rough shell resembling a hen's egg. Such scybala may be in any part of the great gut. They are not always the cause of retention of feces. The further up the gut they occur the more likely they are to meet with feces which are fluid enough to pass easily by the side of the scybalum, and then they do little harm. A case occurred in my practice not long ago of a woman dying slowly from malignant disease of the peritoneum. She was examined by myself and several physicians, who correctly diagonised the disease, but incorrectly diagnosed two egg-like tumors which were for many months felt in the belly floating in the ascitic fluid which was one of the indications of her disease. These were supposed to be malignant masses. After death they were found to be scybala in the transverse colon, which were causing no irritation and apparently giving no trouble.

When a scybalum is low down, especially if it is in the rectum, the feces are likely to be retained. In this case you not only have retention *of* a scybalum, but also *by* a scybalum. Then the woman's only chance of having her bowels evacuated, if the scybalum persists, is in the motion being fluid and passing by the side of the scybalum. Solid feces are often undoubtedly obstructed by it, but it is only when the feces are nearly solid that it produces ulterior consequences. It may permit passage of fluid feces copiously, and yet be causing retention of the nearly solid feces.

In this retention of feces by a rectal scybalum you have the best example of the disease that we are considering. A woman having any form of retention of feces may be truly described, in many cases, as being constantly purged; and in this way the practitioner is put off his guard. A woman having the greatest and most dangerous retention of feces may be incessantly defecating, and even in very fair quantity, and even nearly solid feces, as one of my cases for this day demonstrates. You can see very strong analogy between this and the retention of urine in the bladder, which I was speaking of in my last lecture. In that disease a woman may pass urine frequently and in large quantities, and yet there is retention. So it may be in the case of retention of feces. In a case of retention of feces by a scybalum in the rectum, the accumulation of feces takes place first in the rectum, and it produces at last a tumor, which can be felt gradually forming in the left iliac region. This tumor presents generally little or even no resonance, is densely hard, and is repeatedly taken for malignant disease.

A case which I shall presently read to you will further impress on you the danger of judging that there is no retention because a woman is defecating, even frequently. This has a very important practical bearing not only on the diagnosis and treatment generally, but it has a very important practical bearing on the question of colotomy. You are not to suppose that colotomy is necessarily excluded from consideration because the feces are passing. The retention of feces may be going on to a dangerous and even fatal amount, although feces are passing; and colotomy may be imperatively demanded.

I will illustrate this subject by several examples. For instance, pregnancy leads in the early stages frequently to ordinary constipation. But if you watch your cases of natural delivery you will frequently find in the extraordinary amount and in the character of the evacuations evidence that the advanced pregnancy had induced retention of feces, even when the bowels were truly described as moving regularly. A fibrous tumor of the uterus, and ovarian tumor both occasionally cause very dangerous and sometimes fatal retention of feces. Adhesions sometimes do the same. Another common cause of retention of feces is stricture produced by simple inflammatory disease or by lupus or cancer.

The next case is a still more interesting one. In this case the bowel was ruptured, probably at least partly in consequence of the distention of it. The patient died of peritonitis after two days. There was no stricture, but the obstruction was caused by cancerous degeneration of the wall of the dilated tube of the bowel for a great length. The cause of obstruction in this case was the same as is believed to be the cause of obstruction in enteritis. A considerable part of the bowel does not act; the feces accumulate in it, and are only propelled slowly by the *vis à tergo*, or not propelled at all. In the case that I am about to read to you the feces were

propelled, but inefficiently; and although she was, as you will observe, defecating frequently, and, to the eye of an intelligent nurse, defecating copiously, the feces were retained in an extraordinary manner, and no doubt helped to produce the fatal result from peritonitis. It was correctly diagnosed as a case of malignant disease in the left pelvic and iliac region but it was not ascertained, and I know no means by which we could have ascertained, that the lump in the left hypogastric region consisted chiefly of feces. We suspected it, but we had no means of getting further:

"E. W., aged twenty-five, unmarried. Menses began at seventeen; regular till two months ago; since have not appeared. Four months ago began to have difficult defecation. This gradually became worse, and for weeks the pain of defecation has been agonizing. For a month walking has been difficult, almost impossible, from hypogastric pain. Micturition is accompanied by shooting pains. A fortnight before admission she felt a lump in the left hypogastric region, which has increased in size and become the seat of pain. Bowels act, not scantily, twice daily. Urine natural. Is losing flesh. The belly appears natural on inspection, but on palpation a rounded hard swelling is felt, rising from the whole length of left Poupart's ligament. It is dull on percussion, sensitive to touch, quite fixed, and reaches as high as half way to the umbilicus. The tumor is felt to extend to the right, beyond the region of dullness, as far as the right pubic bone. The cervix uteri is on the right side of the pelvic excavation, and about an inch above the ischio-pubic ramus. It is indurated, and is in the midst of a dense sensitive hardness which fixes it. The bowels continue to act fully twice or oftener daily; feces hard and dark. On the fifteenth day she became suddenly worse, with symptoms of peritonitis, vomiting fetid green acid fluid in large quantity. She died two days after this aggravation of her condition. Post-mortem examination twelve hours after death. Peritoneal cavity contains fetid gas and a large amount of fetid, brown, semi-purulent fluid. The colon and rectum from cecum to anus is distended by a hard, solid, continuous column of feces the thickness of the forearm, greenish-black in color, and of the consistence of putty, nearly solid. No strictural obstruction to the progress of feces. The pelvic organs and the superjacent intestines to the left cohere in one mass. Malignant growth occupies the mesentery, which is half an inch thick; also the walls of the sigmoid flexure and rectum, which are thickened. The bladder and uterus are not affected. To the left of the uterus is a soft fibrous mass the size of a small hen's egg, being the left ovary containing a cyst filled with about a dram of green pus. The right ovary can not be discovered. The seat of rupture of the bowel can not be made out, the intestines having given way in several places during dissection."

You observe then that constipation is not a necessary symptom of retention of feces, and, that although retention of feces implies a certain kind of constipation, there may appear to be copious evacuations while retention of various kinds is still going on.

Retention with accumulation is diagnosed by feeling scybala, or by feeling the bowel distended by a mass which takes impressions like dough. Sometimes the hardness is so great and the pain produced by pressure so great that this doughy character can not be made out. When a woman suffers in this way from great retention of feces the belly is generally not tympanitic in any part. In one of the cases I have read to you there is sometimes intense griping, and if the retention is in the lower part of the rectum you may have tenesmus. In cases of this kind the whole body sometimes is infected by the fetid mass. The countenance is dull, the face sallow, and in some cases you can smell the breath distinctly feculent. The retention of feces, however, seems, so far as I have observed, to produce no very grave symptoms except what are mechanical.

The treatment of cases of this kind scarcely requires description. In common constipation you know the favorite purgatives are aloes and castor oil and turpentine, and such like. In cases of infarction of feces, where you can reach the feces you remove them, and you are recommended to remove them by a spoon or a lithotomist's scoop; but, so far as my experience goes, this is a very useless instrument; and although it may be disagreeable for the practitioner I recommend him to use his fingers as infinitely more efficacious than any scoop or spoon-handle. When the mass of feces is higher up I have tried what is called massage —pressure, gentle kneading of the bowels, to produce action and to produce a change of the shape of the feculent mass—but I have not been able to assure myself that this treatment has done decided good. Enemata are of very great service. The most valuable is the turpentine enema.

Lastly, in some cases of this kind, such as stricture of the rectum which can not be removed, or cases of paralysis of the rectum by malignant infiltration, you must consider the advisability of resorting to colotomy. Colotomy is intended to allow the stool to pass before it reaches the disease which causes the retention, and in many cases it is perfectly successful. It allows the feces to be passed through the loin in a manner causing great inconvenience to the patient, but perfectly successful. Of course if the disease is malignant, or otherwise a fatal disease, you can only get temporary relief; but that is a matter of very great moment.

Before concluding let me merely mention an

important and very disastrous set of cases in which there is circumscribed extravasation of feces as well as retention. When an ovarian dropsy or any such cyst bursts into the bowel it sometimes happens that feces regurgitate into the cyst, generally along with fetid air, and inflammation of the cyst is set up, with feverish and probably septicemic symptoms. Such cases generally, but not always, prove fatal. I have known life prolonged for months after the accident. A similar occurrence in every respect sometimes happens in the case of a perimetric or of a parametric abscess.

AIDS TO SURGERY.

By GEORGE BROWN, M.R.C.S., Gold Medallist Charing Cross Hospital, &c.; Author of "Aids to Anatomy, &c."

HYDROCELE.

DEFINITION.—A collection of serous fluid in close connection with the testicle or spermatic cord.

VARIETIES.

(*a*) *Vaginal Hydrocele;* when the fluid is contained in the tunica vaginalis of the scrotum.

(*b*) *Congenital Hydrocele;* when in infants the fluid is contained in the tunica vaginals of the scrotum, and a communication exists between the sac and the abdominal cavity in consequence of the tubular prolongation of the peritoneum remaining unobliterated.

(*c*) *Encysted Hydrocele;* when the fluid is contained in a cyst projecting from the epididymis or testis; and not communicating with the tunica vaginalis.

(*d*) *Hydrocele of the cord;* when the fluid is contained in a sac situated on some portion of the spermatic cord, either in or below the inguinal canal.

CAUSES.—Except in the congenital variety, the cause is generally obscure. Occasionally it is traced to a blow or strain, or to an attack of orchitis. Whatever the exciting cause may be, the secretion of fluid in vaginal hydrocele is due to some inflammatory affection of the serous membrane. In the congenital variety, whether of the cord or of the scrotum, the fluid gravitates into the part from the abdominal cavity, and, as long as the communication remains open, it can be pressed back into the abdomen.

DIAGNOSIS.—Vaginal hydrocele has to be distinguished from scrotal hernia, hæmatocele, and cystic disease of the testicle. Occasionally hydrocele and hernia co-exist when the diagnosis is very difficult. The tumour in hydrocele is generally pyriform in shape, smooth in outline, fluctuates on palpation, is free from pain and tenderness, terminates (except in rare cases) at the external abdominal ring, cannot be reduced (except in the congenital variety), is translucent unless the fluid is thick, bloody, or opaque. Hydrocele may exist with enlargement of the testicle, when translucency may not be observed. The history of the case is important. In hydrocele, the swelling commences below in the scrotum, and ascends to the groin, whilst in hernia the swelling first appears in the groin and upper part of the scrotum. In hydrocele, the testicle lies at the back of the scrotum with the fluid below and in front, whilst in hernia the testicle lies at the lower part of scrotum below the hernial sac. In cystic disease of the testicle the fluctuation is limited to one portion of the tumour, whilst in hydrocele it is present all over the swelling. The translucency of hydrocele is generally sufficient to distinguish it from hæmatocele, but in doubtful cases a puncture with a fine trocar will decide the point.

TREATMENT.—The treatment of vaginal hydrocele may be *curative* or *palliative*. The palliative treatment consists of simply tapping the hydrocele with a fine trocar and canula, and drawing off the fluid. In a few months the sac will become refilled with fluid, and tapping must be repeated. Various methods have been recommended for the radical cure of hydrocele. The most simple, and the one generally adopted, is to draw off the fluid by tapping, and then inject through the canula a mixture of about equal quantities of tinct. iodine and water. Inflammation ensues, usually resulting in radical cure. Other fluids are sometimes injected, as port-wine, solution of sulphate of zinc and warm water. When injecting the sac fails, the seton or free incision may be resorted to, but the cases are rare in which these are necessary. *Hydrocele of the Cord* may be treated as vaginal hydrocele, but in this variety the seton will be found very successful. In *Congenital Hydrocele* active measures are seldom necessary, the application of cooling lotions to the scrotum being generally sufficient to effect a cure. Occasionally it is necessary for the child to wear a truss for a time, in order to obliterate the communication between the scrotum and the abdominal cavity.

HYDROPS ARTICULI OR, HYDRARTHROSIS,

DEFINITION.—A swollen condition of a joint arising from excessive accumulation of fluid. Most common in the knee-joint, and is usually known as "dropsy of the joint."

CAUSES.—Chronic synovitis resulting from injury, rheumatism or osteo-arthritis.

TREATMENT.—Absolute rest to the joint; application of back splint in case of knee-joint, blisters and counter-irritations by means of iodine and other liniments. Scott's dressing often answers well, as also does strapping the joint with mercurial plaster. Iodide of potassium and tonics to be given internally. In

extreme cases the joint may be tapped by means of the aspirator.

IRITIS.

DEFINITION.—Inflammation of the iris.

VARIETIES AND CAUSES.—Three varieties of iritis are given, classified according to their causes.

(*a*) *Simple iritis*, from irritation of foreign bodies in the conjunctival sac, or on the cornea; blows, friction of the cornea by granular lids or inverted eyelashes, or general debility after acute illness.

(*b*) *Rheumatic arthritis*, met with in persons who are the subjects of attacks of rheumatism and gout.

(*c*) *Syphilitic iritis*, as met with in persons the subject of hereditary or acquired syphilis.

CHARACTERS AND SYMPTOMS.—This affection is characterised by great pain in the eye and intolerance of light; a zone of pink or violet vessels forms around the cornea, the pupil becomes diminished in size, and sometimes irregular in shape, and loses its mobility, the iris changes its color to brown or greyish green. The aqueous humor also assumes a muddy [illegible]nce. In bad cases lymph is effused in [illegible]s no[illegible]ture of the iris, the surface of which [illegible] a rusty or nodular appearance, and [illegible]ds either between the iris and cornea, or be[illegible]en the iris and lens-capsule (synechiæ), take [illegible]e. In rheumatic iritis the patient is likely [illegible] have a frequent recurrence of the attack. In syphilitic iritis the symptons generally are more marked and severe, and frequently the surface of the iris becomes dotted with minute nodular excrescences of a dirty yellow celor, called lymph nodules. The patient's history is important in the diagnosis of syphilitic iritis.

RESULTS.—If proper and prompt treatment be adopted perfect recovery generally takes place. In severe and neglected cases the results may be atrophy of the iris, anterior or posterior synechiæ, closure of the pupil, or capsular cataract.

TREATMENT.—First remove the local cause, if any be present, then endeavour to relieve the pain by belladonna fomentations and the administration of sedatives. The pupil to be kept dilated by means of solution of atropia. The patient should be kept in a darkened room, or wear a shade. If there is much pain leeches should be applied to the temples. In severe cases, mercury with opium (2 grains of blue pill with ¼ grain of opium three times a day) should be given. care being taken not to proceed to salivation. In debilitated persons iron and quinine with cod-liver oil are indicated in rheumatic iritis, colchicum and iodide of potassium are valuable. If adhesions interfere with vision, or closure of pupil results from iritis, the performance of iridectomy is necessary.—*Hospital Gazette.*

TREATMENT OF EPILEPSY.

By W. R. GOWERS, M.D., F.R.C.P., Assistant Professor of Clinical Medicine University College, London.

The treatment of epilepsy, it was remarked, is a subject on which numerical analysis gives little help, because so many patients whose fits cease under treatment relapse when treatment is relinquished. The time available permitted little more than a statement of the remedies most useful in 562 cases in which the effect of treatment was carefully noted. The results showed that, while we must not rely *exclusively* on bromides, on these our chief trust must still be placed. Of the three alkaline salts the bromide of potassium deserves, as it has received, the first place. The salt of ammonium is more useful, only in proportion to the slightly greater quantity of bromine which it contains, while a careful comparison in a series of cases between the salts of sodium and potassium showed that the former is distinctly less useful. The maximum effect of each dose of bromide occurs the sooner, the smaller the dose; hence small doses used to be given free quently. Bromide lessens reflex action, perhaps by increasing resistance in the centre, since it antagonises strychnia, which is believed to lessen resistance. If the view that unstable resistance is the chief element in epilepsy is correct, increase of resistance may be the explanation of the action of bromide. The mode of administration is usually by continuous course, in doses just sufficient to arrest the fits. Given thus it was rarely found well to give more than a drachm and a half daily; if this does not suffice, combinations with other drugs answered better than increasing the regular dose. But it was urged that a course of large doses may be for a time employed, with a view of obtaining the full nutritive change in the nervous system, which bromide can effect. For this purpose it was thought best to give it in considerable doses, at longer intervals, beginning with half an ounce. The largest single doses given had been of one ounce, the doses being given at intervals of three to five days.

The value of the various combinations of bromide with other drugs had been tested by ascertaining first, during several months, the effect of a given dose of bromide, and then adding to it the agent to be tested. Of the combinations in common use, those with digitalis and belladonna deserve, as they have commonly received, the first place. Digitalis has enjoyed repute in epilepsy for two hundred

years. Alone it sometimes does marked good, and in 63 cases the combination of digitalis and bromide was distinctly more useful than bromide only; in 37 of the cases the attacks ceased during the treatment. The effect of this combination is not confined to the cases in which there is cardiac disturbance, although in these it is almost always useful. Digitalis markedly increases the effect of bromide in nocturnal epilepsy. A case was mentioned in which a patient had not had a single fit for two years on the combination, although he had a fit at night every few weeks on bromide only. Belladonna alone will sometimes arrest attacks. The combination of it with bromide was distinctly more useful than bromide alone in 35 cases, and in 15 arrest of the fits was obtained. Indian hemp is now and then of marked service even alone. A case was mentioned in which the attacks always ceased on this drug, and recurred at once when bromide was substituted. Other combinations which had been found useful were bromide with aconite, and bromide with hydrocyanic acid. The cases in which the addition of iodide to bromide increases its effect are rare.

Zinc deserves some of the repute it has enjoyed for more than a hundred years. Of a large number of cases, in which the oxide was used in doses as large as the patient could bear it, it was distinctly useful in ten, but in only three did the attacks cease. Bromide of zinc, in doses which could be borne, and the bromide of camphor, had seemed of small value. The addition of arsenic to bromide in no case had any influence on the fits, although largely used, on account of the certainty with which the bromide rash could thus be lessened or removed. Turpentine (recommended by Dr. Radcliffe) had been found distinctly useful only in hystero-epilepsy. The use of iron in epilepsy was discountenanced by high authorities. In some cases it seemed to increase the attacks, but in the majority in which it had been given its influence was distinctly beneficial. In four cases the attacks ceased on iron only; in eight others iron alone was distinctly better than bromide alone; and in nineteen the addition of iron to bromide had a marked influence; in eleven the attacks, which had persisted on bromide, ceased when iron was added, and remained absent as long as the combination was given. In several inveterate cases, in which bromide had little effect, the lecturer had given borax in doses of ten to fifteen grains twice or three times a day. In some it was useless, in some its beneficial effect was most distinct. Several cases were narrated in which the attacks ceased for a long time under its use. Occasionally it causes gastro-intestinal disturbance, but many patients bear it well. Cocculus indicus had not been tried sufficiently for an opinion to be fromed, but very little benefit had been observed from its alkaloid, piciotoxine. The same conclusion was drawn from an interesting series of cases in which Dr. Ramskill had employed it hypodermically, which showed, however, that a dose of eighteen milligrammes will almost invariably produce a fit in from twenty to thirty minutes. Other drugs which had been tried and found useless were benzoate of soda and nitro-glycerine.

In hystero-epilepsy bromides, sometimes useful, often fail. Belladonna, iron, valerianate of zinc, and turpentine had appeared of greatest value. The treatment of the actual attacks of hystero-epilepsy is often a matter of difficulty. In the slight fits Dr. Pare's plan of closing the mouth and dose is often useful. When this fails Faradisation of the skin and cold douches on the head and water poured into the open mouth are often efficacious. Chloroform is of little value. Where all fail the lecturer had found the hypodermic injection of apomorphia invariably successful. After a twelfth of a grain had been injected, in four minutes all spasm was over, in six minutes the patient would get up, in eight minutes vomit, and then, except for slight nausea, be well.

In conclusion, the lecturer remarked that although the condition of many epileptics was still gloomy enough, yet the present generation had witnessed an advance in the treatment of the disease equalled perhaps in no other branch of therapeutics. Thanks to the influence of the drug the use of which in epilepsy was wholly due to Fellows of that College, hundreds of sufferers had been cured, and thousands were leading useful lives who would otherwise have been incapacitated by the disease. For all the victims of the disease we might surely trust that the progress of the recent past is the dawn of a brighter day.—*Dublin Medical Press, March* 10, 1880.

TOPICAL USES OF ERGOT.

In the *American Journal of Medical Sciences*, July, 1879, Dr. Wm. C. Dabney mentions some local uses of ergot. He writes:—

In cases of *pterygium* I have used it with decided benefit. A solution of the strength mentioned above was applied three times a day, and the growth was checked thereby. In none of the cases where I have used it thus far has it exerted a curative action, but it is highly probable that if persisted in the blood-vessels supplying the pterygium would become so much contracted as to cause an actual diminution in the size of the growth.

In *pharyngitis* I have obtained excellent results from the application of a solution of Squibb's solid extract of ergot to the throat; indeed, no other remedy has given anything like such satisfactory results in my hands. Just as in oph-

thalmia, the remedy seems to act much better in chronic than in acute cases. It is especially applicable when the blood-vessels of the pharynx are enlarged and tortuous, and when the secretion is not very great. In those cases where the mucous membrane is thickened, it acts much more slowly, and in acute cases it possesses no advantages over other remedies. In affections of the pharynx, and in other cases to be mentioned hereafter, a combination of ergotine with tincture of iodine, as in the following formula, is especially efficacious:—

℞ Ergotine, grs. xx
Tinct. iodine, f ʒ j.
Glycerine, to make f ʒ j. M.

To be applied to the pharynx freely, twice a day, with a camel's-hair brush.

In *hypertrophy* of the *tonsils*, which is so often an accompaniment of chronic pharyngitis, the same solution applied to the glands two or three times a day gives excellent results.

It is probable that nasal catarrh would be benefitted by ergot, locally applied. The great trouble in these cases has been that remedies applied with the nasal douch have remained in contact with the congested Schneiderian membrane too short a time to do any good. About two years ago Dr. George Catti proposed the use of gelatine bougies, which were to be inserted through the anterior nares, and then allowed to soften and flow out by the posterior nares. These bougies could be medicated with any agent which it was thought desirable to use, and in a note appended to the translation of Catti's paper in the *Virginia Medical Monthly* I suggested the use of ergot in this way. I have never tried the bougies myself, however. In one case of catarrh, when the inflammation was seated near the posterior nares, I applied a solution of ergot and iodine by means of the post-nasal syringe, but the result of the treatment is not known. A solution of ergot in glycerine may also be applied to the nasal mucous membrane by means of a camel's-hair pencil, but I cannot say that I have had satisfactory results from any mode of application which I have tried thus far. If the medicine be applied to the Schneiderian membrane in any way, the iodine should not be added to the mixture at all, or else only in very small quantity.

It is unnecessary to say anything as to the use of this agent in *hemorrhoids*, as it is mentioned now in nearly all the text-books on therapeutics, and is in common use.

It seems almost needless, also, to say anything as to its use in *metritis* and *endometritis*. But, although it is mentioned now in nearly all the works on gynæcology, its value does not seem to be recognized by the majority of general practitioners.

It appears to be especially applicable in *cervical metritis*. The manner in which it should be applied depends on the season of the year and the temperature. When the weather is sufficiently cool suppositories are preferable, but in warm weather it is difficult to handle them and keep them from melting. The addition of extract of belladonna increases the efficacy of the ergot, and also tends to relieve any pain which may be present. The following formula I have found serviceable:

℞ Ergotine (or solid extract of ergot), grs. xx.
Extract of belladonna, grs. ij.
Cocoa butter, q. s. M.

Make into six suppositories, and insert into the vagina every night after using the hot douche.

In warm weather a solution of ergotine and extract of belladonna in glycerine and water may be used in place of the suppositories, as in the following formula:

℞ Ergotine (or Squibb's solid extract), ʒ ss.
Extract of belladonna, grs. vj.
Water and glycerine, aa f ʒ iv. M.

A pledget of cotton is to be saturated with this solution, and inserted into the vagina at bedtime after the hot douche. (The cotton should, of course, be removed in the morning.)

It has been proposed to paint a solution of ergot on the os and cervix with a camel's-hair pencil, and favorable reports of this mode of treatment have been published. So far as my own experience enables me to judge, those cases where there is a copious discharge of mucus or pus are much less amenable to treatment than others, and this is probably due to the fact that the medicine remains in contact with the diseased surface such a short time before it is washed off. And I would call attention just here to the advantages of glycerine over water as a *vehicle* when ergot is applied to mucous membranes where it is liable to be speedily washed off. The tenacious properties of glycerine keep the remedy longer in contact with the diseased surface, and in addition to this the glycerine itself is, as Dr. Marion Sims long ago pointed out, of decided value in reducing some of these chronic inflammatory engorgements.

A TASTELESS SALINE PURGATIVE.

M. Yvon finds that the disagreeable taste of sulphate of magnesia may be completely concealed by the addition of a few drops of the essence of mint, provided that the quantity of the vehicle be small. He advises that ʒ vi. of the sulphate should be dissolved in about ℥ i of water, two or three drops of the essence of mint being then added; or the flavoring agent may be added to the salt, and the patient directed to dissolve the whole in as small a quantity of water as possible.—*Paris Médical*, 14th August, 1879; *Lyon Médical*, 31st August, 1879.

FLAGELLATION A PREVENTIVE OF UTERINE HEMORRHAGE.

(By Isaac E. Taylor, M.D., Emeritus Professor of Obstetrics and Diseases of Women, and President of Bellevue Hospital Medical College of New York.)

1. Flagellation of the child's back previous to its complete delivery as a *preventive* of uterine hemorrhage.

2. Flagellation of the abdomen of the woman after the delivery of the placenta as a *substitute* for the introduction of the hand into the cavity of the uterus.

I most cheerfully assent to the wish and action of the Obstetrical Section requesting me by resolution to present the views and opinions which I laid before them December 23, 1879, for the consideration of the Fellows of the Academy this evening.

The title of my paper is embodied in two propositions:

First. Flagellation or spanking the child's back previous to its complete delivery, as a *preventive* of uterine hemorrhage.

Second. Flagellation of abdomen of the woman after the delivery of the placenta, as a *substitute* for the introduction of the hand into the uterine cavity.

We will all admit the physiological fact that the uterus is the only organ in the female economy that has an habitual sanguineous fluid issuing from it. We also know that it is the only organ which physiologically has large, oblique, open sinuses without valves, the blood from these sinuses coming directly from the vena cava and the heart itself, and not coming from the returning veins of the uterus.

The slightest derangement, either from a physiological or a pathological process, in the separation of the maternal from the fetal circulation may entail an unfavorable and sometimes a fatal termination. Frequently not the slightest evidence is given before or after labor has commenced. Every thing in the lying-in chamber before and after delivery of the child appears to be progressing favorably; the countenance of the mother is radiant with joy, and that of the attendants and the medical man cheerful and encouraging, when the blood is suddenly heard gushing forth in a full and rapid stream, and the patient is in a state of extreme syncope.

Blundell has seen two cases die suddenly in one night from this cause. In cases of this decided character, though not frequent, it is imperative that the obstetrician should be provided with all possible resources, and they should be employed for the welfare of his patient. He should possess in himself calmness, courage, judgment, decision, promptness of action; and if not thus fortified mentally and prepared, he should never, as Lee has said, "cross the threshold of the lying-in chamber."

At the meeting of the American Gynecological Society, held in Philadelphia, September, 1878, two papers on the treatment of Post-partum Hemorrhage were read and presented for consideration. A long discussion ensued respecting the different methods of treatment in those cases. One of the papers—that by Dr. Wilson, of Baltimore—advocated the hand as a curette to remove all or whatever portions of the placenta that may remain, and to excite uterine contraction by scraping the inner surface of the uterus. The other paper was by Prof. Penrose, of Philadelphia, who recommended very highly, after several years' experience, the introduction of a rag or pocket handkerchief saturated with common vinegar in the uterine cavity and squeese it. Both of these papers had reference to, and were suggestive of, treatment by art after the delivery of the placenta.

From the nature of the remarks which were made on that occasion I am induced to present and suggest another method or means to the many already before the profession and so generally pursued. I am fully aware that it might seem almost superfluous for me to even attempt or hint another method, but the favorable results arising from it prompt me to do so. It is one, however, simple, efficient and decided. One always on hand and at hand, having for its recommendation a physiological basis, not only as a means for arresting the blood or flooding in many cases decidedly after the delivery of the child, but, secondly, it is especially of more and greater importance as an aid to prevent the flooding from taking place before and after the delivery of the placenta. I shall consider the method of treatment which I present, as I said, in two propositions:

First. Flagellation or spanking the child's back moderately every now and then after the delivery of the shoulders, permitting the breech and the extremities of the child to remain in the vagina, and the feet thus placed in apposition with or in the cervix uteri, remaining for fifteen or twenty minutes or more without being withdrawn. Pressure over the uterus by the hand is to be avoided till the delivery of the child, which should be slow and gradual, as it might effect the delivery of the child before we had gained our object, and at the same time the spanking should be quick but gentle, and not too harsh, and continued until the delivery of the child is completed.

Second. After the delivery of the placenta, should hemorrhage occur, expose the abdomen and flagellate it with a towel doubled up, the ends held in the hand, saturated or not with ice water. Several rapid and powerful strokes should be made, when the unrecognized uterus will be almost immediately felt contracting or contracted, no matter how profuse or rapid the flow may be. In one instance, having ocular

demonstration after the delivery of the placenta, the stream of blood was as large, full, and rapid as that which flows from a croton faucet.

Should uterine contraction ensue and relaxation take place, a milder application of the same means may be resorted to till the contraction is deemed secure and other measures adopted, if necessary.

There can be no procrastination or temporizing action in these sudden and violent cases. The appearance of the method to those present, or to the patient herself, if conscious, with the suddenness and rapidity of its application may seem harsh, abrupt and unnecessary. We have, however, nothing to do with appearances or feelings in such critical emergencies. We are imperatively reminded that life or death is swaying in the balance. Duty commands decided and prompt action. By this procedure I have in some instances had the gratification of feeling the apparently lifeless organ fold itself up under the touch, the uterus contracting or contracted, and our patient's life safe certainly for the time being. Under such circumstances, hot or cold water injections, as well as the hand internally, has in many instances failed to arouse into contraction the perfectly atonic or moribund organ.

After contraction has once been secured, then that treatment which the views or experience of the medical attendant may elect can be pursued, whether by hot water or cold, externally or internally, or mixed with other substances, or by tincture iodine or sulphate of iron, accompanied with the ordinary and usual manipulations externally over the uterus.—*The Independent Practitioner.*

TREATMENT OF CRACKED NIPPLES.

Dr. Haussmann treats cracked nipples by applying lint soaked in a two per cent. solution of carbolic acid. The wet lint should be applied every two or three hours. The treatment gives instant relief from pain, and, although the child continues to use the nipples, cure is established within three days.—*New Remedies.*

HOW TO MAKE A SPICE-BAG.

Dr. A. A. Smith, in the *New York Medical Record,* gives the following directions: Take half an ounce each of cloves, allspice, cinnamon, and anise-seeds, bruised, but not powdered, in a mortar; put these between two layers of coarse flannel about six inches square, and quilt them in. Soak this for a few minutes in hot spirits (brandy, whiskey, or alcohol) and water, equal parts. It is to be applied while warm; renewing it when it gets cool. Used in the diarrhœa of infants and children, it has not only the effects of a poultice, but also the sedative and antiseptic effects of the spices.

THE TREATMENT OF CHRONIC NASAL CATARRH.

In the *American Journal of the Medical Sciences* for January, 1880, we find an article on a new method of treating chronic nasal catarrh, by Harrison Allan, M.D., Professor of Physiology in the University of Pennsylvania, in which the author points out that, in the normal nasal chamber the turbinated bones do not touch the nasal septum, neither do the middle or inferior turbinated bones impinge on each other, or the floor of the nose. Should, however, chronic nasal catarrh be present, the middle turbinated bone is often seen lying close against the septum, or the inferior turbinated bone is found occluding the inferior meatus.

But the mere contact of the anterior portion of the middle turbinated bone against the septum should not be looked upon as of necessity an exciting cause of nasal catarrh. Not infrequently perfectly healthy persons will exhibit such contact over a small surface. But in such instances the contact is often found to be slight—the apposed surfaces barely touching—and a probe can be passed without pain or sense of obstruction. In the contact which has clinical significance we should expect firm pressure of the scroll and septum against one another, and some pain to follow manipulation.

When the point of contact is recognized, the indication for treatment is to destroy it. This is accomplished by means of local remedies applied to the mucous membrane at and about the places of contact, or, in examples of abnormal deflection of the nasal septum, by removal of the offending portions of bone. In the case of the inferior turbinated bone, the swollen and engorged tissues occupying the inferior meatus may be removed by the knife.

To make topical applications to the interior of the nasal chamber, the author employs a simple cotton carrier, closely resembling the instrument in common use by the aurist. It consists of a single tapering rod of soft iron, slightly roughened at the smaller end, for convenience of holding a pledget of absorbent cotton, and fixed in a small wooden handle at the other. A wooden handle is preferable to a metallic one, since the latter is liable to fall out of the nasal chamber from its own weight, if the hand supporting it be removed for but a moment. It may be bent at an angle, and the absorbent cotton can be steeped in any desired substance, and carried to the spot selected through the nasal speculum. The pledget of cotton should be moistened in water and warmed for an instant over the flame of the lamp. Thus prepared, it does not irritate the mucous surfaces more than any other intruding solid substance. After employment of various agents, the author has found the best results from a combination of tannic acid with carbolic

acid or iodoform, held in suspense in gelatine. The object of employing gelatine rather than water or spirit, is to enable the medicine to remain for a long time in contact with the affected parts, and, in dissolving, to form a thick fluid which measurably imitates the consistency of the normal secretions of the parts.

The following formulæ are those ordinarily made use of by the author:—

Stiff iodoform preparation, with geranium and carbolic acid:—

℞.	Pure carbolic acid,	grs.v
	Fl. ext. geranium maculatum,	gtt.xv
	Distilled glycerin,	gtt.x
	Powdered iodoform,	ʒ iijss
	French gelatine,	ʒ j
	Water,	q.s.

Dissolve the gelatine in a little water, then add the other ingredients, and rub to a smooth paste.

Stiff iodoform preparation without geranium:—

℞.	Pure carbolic acid,	grs.v
	Distilled glycerin,	gtt.x
	Powdered iodoform,	ʒ iijss
	French gelatine,	ʒ j
	Water,	q.s.

Dissolve the gelatine in a little water, then add the other ingredients, and rub to a smooth paste.—*Philadelphia Medical and Surgical Reporter.*

TIGHT-LACING.

Dyce Duckworth, M.D., F.R.C.P., in an article published in *The Practitioner*, January, 1880, says—

I have to state, then, that I find in a considerable proportion of women, among hospital patients, and frequently in the case of those in higher ranks, that the stays are either too small, or are fastened too tightly. In many instances this compression is practiced unwittingly. Stays last for a long time. The wearer grows, and the stays are too small, or they are procured just as any other article of dress, without reference to the particular figure they are to encircle.

In most instances stays are made by the gross, like gloves, stockings, or boots; they are kept in different sizes, but no care is commonly taken to secure a proper fit. It must be borne in mind that they constitute a very important article of clothing for the poorer women, since they are by them regarded chiefly for their warmth, and not merely for support. It usually happens that they are adopted in early life, and as puberty approaches, insufficient attention is paid to the changes occurring in the figure at that period. And thus at an early age young girls come instinctively to accustom themselves to a measure of constriction from their stays.

When new stays are required, there is at once a repugnance to such as would fit properly, and, therefore, the same degree of tightness is imperatively demanded as has been hitherto borne. Thus it is that when one comes to examine into the matter, the unvarying remarks are offered: "I am not at all tight; my stays are quite easy and comfortable; I could not endure to be tight; I never lace tightly."

The result of the inquiry almost as commonly is, that the stays are found to be from one to four or five inches smaller in girth than they ought to be.

This miserable imprisonment is, as I have observed, in most instances involuntary; it is not practiced because it is fashionable, it is not the result of ambition to have a small waist, but it comes about for the most part in the manner I have described. Of course, in many cases, it is done deliberately.

The results are more harmful than is generally believed, but they are only such as might be predicated.

I find many cases of dyspepsia in women yield quickly to the use of proper stays. Again and again I have known chronic vomiting in young girls to be due solely to tight stays. Palpitation and dyspnœa, not due to anæmia, are frequently caused by bad stays. The worst cases naturally occur in young women who are inclined to *embonpoint*, and whether this be constitutional or aggravated, as is that condition, by anæmia, the obese tendency commonly both adds to the compression, and gives cause to the wearer to increase her troubles in the efforts to retain (what she conceives to be) shapely proportions.

LINIMENTS FOR RINGWORM.

A writer in the *British Medical Journal* gives the formula for Coster's paste, thus:

℞. Iodine pigment..... .....2 drachms.
Oil of cade or oil of juniper tar.....1 ounce.
Mix. For an embrocation.

He finds the following formula, however, most effectual:

℞.	Iodine pigment.....	4 drachms.
	Creasote.....	4 "
	Oil of cade.....	4 "

Mix.

This, he says, in cases of early ringworm, is an effectual remedy if well brushed into the roots of the hair. The addition of a quantity of iodine makes the preparation more valuable.

The *iodine pigment* of the British writers is made by dissolving one drachm of iodine in one ounce of alcohol, and allowing the solution to stand in a glass-stoppered bottle for several months before it is used, when it will become thick and syrupy.

CALLING THE DOCTOR.

The following item from the *Louisville Medical News* illustrates one of the ways in which medicine is practiced in that city:

The other morning, as a belated member of the Owl Club was steering home through the dense fog, which the writer is reliably informed hangs over the city at 3 a.m., he passed the house of a well-known physician. The vestibule of this residence was open, and on its side the dim rays of the moon, struggling through the gloom produced by the efforts of the city gas company, disclosed the mouth of an accoustic tube, underneath which was the inscription, "Whistle for Dr. Potts."

Not wishing to be disobliging about so small a matter, the Owl stumbled up the steps, and steadying himself against the wall, blew into the pipe with all the strength of his lungs.

The physician, who was awakened by the resultant shrill whistle near his head, arose; and after wondering at the singular odor of whisky in the room, groped his way to the tube and shouted. "Well."

"Glad to know you're well," was the reply; "but, being a doctor, I s'pose you can keep well at cost price, can't you?"

"What do you want?" said the man of pills, not caring to joke in the airy nothing of his nightgown.

"Well," said the party at the other end of the tube, after a few moments' meditation, "O, by the way, are you young Potts or old Potts?"

"I am Dr. Potts. There is no young Potts."

"Not dead, I hope?"

"There never was any. I have no son."

"Then you are young Potts and old Potts, too. Dear, dear, how singular."

"What do you want?" snapped the doctor, who was beginning to feel as though his legs were a pair of elongated icicles.

"You know old Mrs. Peavine, who lives in the next block?"

"Yes. Is she sick? What's the matter?"

"Do you know her nephew, too—Bill Briggs?"

"Yes. Well?"

"Well, he went up to Bridgeport, shooting, this morning, and—"

"And he had an accident? Hold up a minute. I'll be right down."

"No, he's all right; but he got sixty-two ducks—eighteen of 'em mallards. I thought you might like to hear it."

And the joker hung on to the nozzle and laughed like a hyena digging up a fat missionary.

"I say," came down from the exasperated M.D., "that's a jolly good joke, my friend. Won't you take something?"

"What?" said the surprised humorist, pausing for breath.

"Why, take something. Take this."

And before the disgusted funny man could withdraw his mouth a hastily-compounded mixture of ink, ipecac and asafetida squirted from the pipe and deluged him from head to foot, about a pint monopolizing his shirt-front and collar.

And while he danced frantically around, sponging himself off with his handkerchief, and swearing like a pirate in the last act, he could hear an angel voice from above sweetly murmur:

"Have some more? No? Well, good night. Come again, soon, you funny dog, you. Bye-bye."

TREATMENT OF LARYNGISMUS STRIDULUS.

W. H. Day, M.D., physician to the Samaritan Hospital for women and children, writes, in the *Medical Press and Circular*, Feb. 12th, 1880—

The first indications are to remove all exciting causes. If the bowels are disordered they should be set right as soon as possible by proper aperients, and healthy digestion promoted. If the child has taken a heavy meal, or indigestible food, an emetic may be advisable; and should the gums be swollen, and dentition appear to invite the complaint, they ought to be scarified. The child should occupy an airy apartment, and noise and excitement be precluded. If seen during the paroxysm it should be kept in an upright position, and the windows opened, so that it may be encouraged to breathe. In severe cases, especially if a convulsion threaten, it may be immersed in a warm bath, while cold water is sprinkled at the same time over the face. Dr. Morley Rooke recorded a case of laryngismus stridulus in a child nine months old, where occlusion of the larynx during the fit produced symptoms like those of "a recently drowned person." The little patient "showed no sign of life" when first seen in the seizure; the lips were blue and swollen, the face a livid grey, and the eyes half closed and glassy. Dr. Rooke thrust his finger between the teeth to the fauces, when the child gave a short heave and a gasp; on repeating the movement inspiration took place, and in a few more seconds breathing ensued. On two more occasions, when occlusion of the larynx was equally severe, a similar manœuvre brought round the child. This is a mode of treatment well worth bearing in mind when the child threatens to die from spasm of the glottis. The cure was completed by bromide of potassium, which was taken for eleven months. Dr. Wardell also points out the beneficial effect of "rotating the finger in the throat" in these cases; it induces an attempt to vomit, when the laryngeal muscles become relaxed, and air is admitted into the trachea. He says

it is the first thing to be done, and he has seen it succeed when death seemed imminent." In extreme cases, where death threatens from asphyxia, the operation of tracheotomy should be employed. The inhalation of chloroform has been recommended in some cases, but then its influence soon passes off, and it cannot be said to have any curative effect. When there is much restlessness, and the child can obtain no sleep, the excitability of the nervous centres must be calmed, and for this purpose small doses of morphia may be cautiously employed. In the intervals of the seizures the bowels must be kept freely open, so as to remove all sources of irritation that might sympathetically excite spasm.

Among the chief drugs are belladonna, in the form of extract or tincture, which sometimes has the effect of diminishing the glottic spasm, but in most cases it fails altogether. Bromide of potassium is very serviceable given with citrate of potassium, sal volatile, or quinine, according to the peculiarities of each case. Carbonate of ammonia, henbane, bark, and mild preparations of iron, as the ammonio-citrate, or the syrup of the iodide, are remedies to be selected. If the child is strumous and rickety, or in any way delicate, cod-liver oil is invaluable. It is a remedy which ought to be persevered with, as, by improving the general health, we may so keep off the disease.

Diet is of great importance, and, when carefully selected, the disease may disappear without drugs. If the child is fed at the breast, it is sometimes advisable to change the nurse or to give cow's or ass's milk. If older the food must be light and nutritious, and given frequently, in small quantities. The clothing should be warm, and, if the child is not too ill, he ought to be taken out in the open air daily.

CONFLAGRATION FROM THE USE OF THE THERMO-CAUTERY DURING ANÆSTHESIA FROM ETHER.

The *British Medical Journal* (November 22, 1879,) from a French source, gives an account of an operation under ether for arthritis of the knee-joint, in which the actual cautery was employed. Five ounces of ether had been employed. The window had been opened, the room was large, and the ether-bag was to a certain extent separated from the thermo-cautery. Suddenly the room was in flames, and the bed was enveloped in them. The ether-bag was thrown down on the floor, and the patient quickly removed. She was only slightly burned, but the physician who was administering the ether was severely injured. Similar accidents have been noticed elsewhere. Ignition does not occur when the wire is only heated to redness: a white heat is necessary. Some years ago Dr. Dolbeau practiced local anæsthesia with ether spray on the hemorrhoids of a patient about to be operated upon. The apparatus having been removed, the red-hot iron was applied, but the ether vapor caught fire, and produced a general conflagration and extensive burning of the surrounding parts without affecting the hemorrhoids.

THE TREATMENT OF SYPHILIS.

In a paper read before the Los Angeles County Medical Association, November 7th, 1879, and published in the *Pacific Medical and Surgical Journal*, December, 1879, Walter Lindley, M.D., thus describes the plan which he has adopted and practiced for many years:—

When a patient comes to me with a well marked syphilitic chancre and bubo, I tell him distinctly that I will not undertake to cure him unless he will remain under my treatment for one year. If he consents, I prescribe—

℞.	Iodoform,		3j
	Mucilage,		
	Glycerine,	aa	gtt.x
	Oil of peppermint,		gtt.j M.

Make into a paste and apply to the chancre after washing, night and morning. This combination disguises the offensive odor of the iodoform.

For the bubo I usually prescribe iodine for paint, but doubt whether it is of much advantage.

Internally I give—

℞.	Pil. hydrarg.,		gr.iss
	Quiniæ sulph.,		gr.ss. M.

Ft. pil.

Sig.—Take one three times daily.

If the patient is in the secondary stage, I give a mixture, as a rule as follows:—

℞	Hydrarg. chlor. corros.,		gr. ij.
	Pot. iodidi,		
	Pot. chloratis,	aa	ʒ iiss
	Syrup sarsaparillæ comp.,		℥ iv. M.

Sig.—Take one teaspoonful three times daily.

Substituting comp. tinct. cinchona for sarsaparilla in atonic cases.

In the tertiary stages I increase the quantity of iodide of potassium, but adhere to the mixed treatment.

In the first of my practice, when I was in charge of the out-door surgical clinic, Brooklyn Eastern District Hospital, I often had cases of marked tertiary syphilis on whom I would first try the much vaunted large doses of iodide of potassium. The patient would improve for a while and then stop. I would add corrosive sublimate, and the change would be wonderful. He would gain in flesh and strength, and soon be free of pain.

Some advocates of the iodide treatment say

that about one-sixth of the tertiary cases need mercury.

As corrosive sublimate is known to produce red blood corpuscles, to act really as a tonic, it is, in my opinion, the safer plan to always combine it, or some other form of mercury, with the iodides in the treatment of syphilis. In all forms of syphilis, primary, secondary or tertiary, I continue mercurial or mixed treatment for at least one year.

CLINIC OF PROFESSOR SAMUEL D. GROSS, M.D., LL.D., D.C.L., OXON.

OLD DISLOCATION OF THE ELBOW.

CASE III.—This child, twelve years of age, has been brought here with a marked deformity of the elbow, and the statement has been made that it was caused by a fall three months ago. I explained to you, when on the subject a few days ago, the difficulty of reducing a dislocation of the bones of the forearm at the end of a fortnight or three weeks; but when it has existed for several months I always despair of obtaining a satisfactory result. This case has the characteristic deformity of a backward dislocation of the forearm. The olecranon process is extremely prominent, the three-headed extensor muscle is relaxed, the elbow, unnaturally full in front, and standing out in bold relief, partially flexed, and moveable only to a limited extent.

This is what we call an "old" luxation of the elbow; as you know, some dislocations become old, *i. e.*, difficult to reduce, in a shorter time than others. What changes may take place in this joint in the short space of a few weeks, that will often make it impossible for us to restore the articulation to its proper relations, is a question which has never been answered by surgeons, and I cannot myself offer any satisfactory reason, but such is the fact; and a dislocation of the elbow that could be readily reduced at the time it occurred, in the course of three weeks may be practically irreducible.

Dislocations are sufficiently frequent at all periods of life. The elbow-joint may be luxated in four principal directions—backwards, forwards, inwards, and outwards. I call your attention, in this case, to the relaxed condition of the triceps muscle, which is one of the most important features in this form of dislocation. The forward dislocation is very rare. It is very uncommon when unconnected with fracture of the olecranon process. Lateral luxations are also very rare.

After giving the patient ether I will try the effect of forced extension, with counter-extension, holding the arm firmly, and drawing the wrist and hand downwards and backwards, and then suddenly flexing the forearm upon the arm.

It is much to be regretted that such a dislocation as this should not have been recognized and reduced at the time it occurred. All that is necessary, as the rule in recent cases, is to put the patient under the influence of an anæsthetic, then place the knee in the bend of the elbow, extend the forearm, and then suddenly flex the joint, when the bones will slip into their normal position.

There is great danger at this age, in making powerful traction and forcible extension, that the humerus may give way at the epiphyseal cartilage above the condyles. A twisted sheet placed in the armpit affords good counter-extension, while strong traction is made upon the forearm. The treatment in these neglected cases is generally unsatisfactory. The best rule is to make out the diagnosis and apply the remedy at the earliest possible moment. The surgeon in these powerful manipulations not only runs the risk of separation of the humerus above the condyles, but also of fracture of the olecranon, which has happened to me several times; but this is an accident which is perhaps not always to be regretted, as it does not interfere materially with repair.

The division of the tendon of the triceps has been proposed, and two cases have been reported in which it was performed by Dr. Sayre, with asserted good results. I fail to see how this expedient could effect any good purpose, as the muscle is already relaxed; the olecranon is carried, as you see, backwards and upwards, so that the tendon is not tense, but quite the contrary.

I will not make any further attempts this morning, but will bring the girl before you again after she shall have had a few days' rest in the hospital.

[On several occasions, subsequently, attempts were made to reduce this dislocation, but without success. Division of the lateral ligaments, by subcutaneous section, was also ineffectually performed. Even Dr. Sayre's operation was practised, as a dernier ressort, without avail. The patient was finally discharged, to return to her home, without being relieved.—F. W.]

GUTTA PERCHA FOR FISSURED NIPPLES.

Dr. KING, in the St. Louis *Courier of Medicine*, recommends the application to fissured nipples of a solution of gutta percha in benzine or bi-sulphide of carbon. He paints this solution all over the nipple, except the apertures of the milk ducts. It remains on two or three days, and usually the parts are entirely healed. Occasionally it needs to be re-applied. It is suggested that the cement used by cobblers in mending shoes, by what they term "seamless patch," would answer the above indication, but better still would be to use the officinal solution of gutta percha in chloroform.

NEW METHOD OF PLUGGING THE POSTERIOR NARES.

Ed. *Phil. Med. and Surg. Reporter:*—

Below I give you an extract of a paper read by me before the Highland County Medical Association, July 10th, 1878, on the subject of Purpura Hemorrhagica, setting forth a new plan, so far as I know, of passing the loop preparatory to tamponing the posterior nares.

"Probably the best device for the mode of operating to which I refer consists of a piece of round, fine-linked, gold chain, slightly flexible and smooth, about one-tenth of an inch in diameter and an inch or more long, attached by one end to a fine waxed silk cord, a foot or more long. If such a chain is not procurable a short strand of metallic cylindrical beads, or bird shot, compressed on a cord, or small strips of sheet lead wrapped on the cord, might answer the purpose, the essential qualities of a nasal gravitator being smallness, smoothness, heft and slight flexibility. After providing an instrument, which can generally be done at any farm house, the patient is then laid upon the back, the floor of the nose brought as nearly vertical as may be, and the loaded end of the gravitator lowered into the pharynx. Its arrival there will generally be announced by coughing, retching or clearing up of the throat. The patient then being brought to an erect position easily hawks up the weight and carries it forward on the tongue, when the operation of plugging may be proceeded with as usual."

The practicability of this procedure I have had occasion to demonstrate frequently, and find it much less annoying to the patient than Bellocq's sound or other unyielding instruments.

J. M. SPEAR, M.D.

Highland, O., Oct. 20th, 1879.

FIRST SUCCESSFUL CASE OF CHOLECYSTOTOMY.

At the Royal Medical and Chirurgical Society, Mr. Lawson Tait recently reported the first successful case of this operation. The patient had been married eighteen years, had borne six children, and menstruation was normal and health good till the summer of 1878. At that time she had spasmodic pains in the right side, aggravated by walking and lifting any light weight. A swelling noticed in September slowly increased, and during last winter pain became more intense, and she presented a cachectic appearance, suffering from incessant headache, sickness and obstinate constipation. The seat of pain was over the right kidney, where there was a heart-shaped tumor, firm and elastic, without fluctuation, tender to the touch, and movable to each side. The urine gave only negative results. At a consultation with the author's colleague, Dr. Edginton, no decided diagnosis was attempted, and the opening of the abdomen was agreed upon, which was performed on August 23rd, in the middle line, to the extent of four inches. The tumor was found to be a distended gall bladder, containing a white, starchy-looking fluid, and two large gall stones, one lying loose and the other impacted in the entrance of the duct and adherent to the mucous surface. The latter was removed after a tedious and very difficult operation (fully described in the paper). The stone and fragments weighed 6.11 grams. The wound in the gall bladder was stitched up to the upper end of the wound in the abdominal walls by continuous sutures, leaving the aperture into the bladder quite open, and closing the rest of the abdominal opening in the usual way. The operation was performed antiseptically, under ether. The patient rallied completely in a few hours, and the dressings of the wound were found stained with healthy bile. The flow of bile from the wound continued till September 3rd. The wound was completely healed on September 9th, when the patient began to take solid food, up to that time the diet having been restricted to milk and beef tea. On the 30th she went home quite restored to health. A temperature chart indicated the evenness and rapidity of the recovery. An entire absence of symptoms of gall stone rendered an accurate diagnosis impossible, but this was of less importance as late improvements in abdominal surgery made an early exploratory incision for ascertaining the true nature of the disease feasible. The author, in stating that he always used rigid antiseptic precautions in his abdominal sections, expressed some doubts as to his success being attributable in any way to them.

PHOSPHIDE OF ZINC.

Phosphide of zinc has proven a most efficient agent in the successful treatment of a certain class of affections. In very many instances it has been far more curative than phosphorus. Considered in the light of a curative agent, the phosphide of zinc stands alone, not only for the certainty, but for the rapidity of its action as a nervous tonic and stimulant. Its value, in these respects, has of late been fairly tested in the last and exhaustive stages of typhoid and other fevers, where the nervous energies have been so far prostrated as to render convalescence, if not doubtful, at least tedious and protracted. The great therapeutic value of the phosphide is evinced in the most distinct manner when used in the treatment of neuralgia. While phosphorus is seldom curative in doses of less than one-twentieth or one-tenth of a grain, phosphide of zinc yields as reliable and more speedy results in doses of one-tenth to one eighth of a grain. Few stomachs can tolerate more than one-thirtieth of a grain of phosphorus before

manifesting symptoms of irritation, which, in connection with the "matchy" taste soon evolved in eructations, often engender a disgust to its further continuance. On the other hand, experience with the phosphide of zinc has proven that it enters the circulation far more readily than the element, and in doses of from one-eighth to one-twelfth of a grain produces its curative influence far more rapidly, and is equally as permanent in therapeutic power.

It has been found extremely serviceable in neuralgia, in angina, in loss of memory and impotence, in loss of sleep from combined mental anxiety, and generally in those nervous affections that owe their origin to exhaustion and depression of the nerve force. Dr. Hammond's formula is one-sixteenth grain phosphide of zinc with one-fourth grain of extract of nux vomica, made into a pill.—*Buffalo Med. and Surg. Journal.*

TREATMENT OF URTICARIA.

Dr. L. Duncan Bulkley, in *Archiv. Dermatology*, says that in the treatment of urticaria he has commonly afforded much relief by the external application of a tolerably weak solution of bicarbonate of soda (ʒ ij. to ʒ vj. to the pint) with a little glycerine, the surface to be bathed with this morning and night, and to be subsequently lightly dusted with starch or rice powder. Carbolic acid (ʒ ij.—ʒ iv. to the pint) gives much relief. The *liquor picis alkalinus*, diluted with ten to twenty parts of water and used as a wash, will often afford perfect relief. The formula for this preparation of tar is:

Tar	2 drachms.
Caustic potassa	1 drachm.
Water	5 drachms.

Dissolve the potash in the water and add slowly to the tar in a mortar with friction. Baths are often of the greatest service, especially the *alkali and starch bath*. This is made as follows:

Carbonate potassa	3 ounces.
Carbonate of soda	2 drachms.
Powdered borax	1 ounce.

Mix. Use one such powder for a thirty-gallon bath, with from one-quarter to one half pound of starch. The surface may afterwards be anointed with cosmoline, containing from five to ten grains of carbolic acid to each ounce. When the itching is uncontrollable, the *chloral camphor ointment* will surely give relief. This is prepared thus:

Chloral hydrate	1 drachm.
Camphor	1 "
Rose ointment	1 ounce.

Rub well together the camphor and chloral in a mortar until a liquid results, and add to it the rose ointment. It should not be forgotten that irritating underclothing may excite and keep up urticaria, and in severe cases, silk garments should be worn next the skin, or a very thin muslin may be interposed beneath a woollen shirt or drawers. In addition to the local treatment, hygienic and dietetic as well as constitutional treatment should be employed.

QUININE FOR CHILDREN.

It is probable that a very large proportion of the sulphate of quinine prescribed for the diseases of children is not administered as prescribed. The child objects to it on account of its bitterness, the nurse neglects to give it on account of the child's objection, the doctor does not observe the effects which he had anticipated, and is disappointed. Fortunately, the difficulty may be entirely overcome by the substitution of the neutral tannate of quinine for the sulphate. Five grains of the former equal two grains of the latter. The neutral tannate, moreover, is thought to be not inferior to the sulphate. However this may be, the absence of difficulty in its administration, and the consequent fact that it will generally be administered according to directions, would compensate for any possible inferiority of this sort as compared with the sulphate. It is tasteless, insoluble in water, and should be given in syrup or jelly. Its adoption entirely obviates all of the usual objections to the administration of quinine for children. It is a matter of surprise that its use is not more nearly universal.—*Chicago Medical Gazette.*

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MONTREAL, MAY, 1880.

The breeze, which for the last couple of months has stirred the Medical politics of Montreal, in connection with a vacancy which it was believed would occur in the attending staff of the Montreal General Hospital, though it has all but died away, has left behind it a few lessons which it may be worth while to glance at. The presumed vacancy, it was believed,

would occur by the resignation of Dr. Reddy, a gentleman who for twenty-five years has satisfactorily and faithfully performed his duty. This gentleman while still in the prime of life, and as full of energy and activity as he ever was, conceived the idea that, by resigning from the in-door staff, one of the out-door staff would be promoted to his place. The vacancy thus created on the out-door staff he hoped to secure for his son, a young physician of promise, who has lately commenced practice in Montreal, after a couple of years sojourn among the most celebrated Hospitals of Europe. To this end, he began a canvass among the Governors of the Hospital, in whom the power of election lies. While meeting with considerable success in his canvass, he found some at all events who held the opinion that there were others whose claims for such an appointment were stronger than those of Dr. Reddy, jr. As the day drew near when, according to the by-laws of the Hospital, the entire staff had to be re-elected, it was currently rumored that, as Dr. Reddy did not feel that his son's election was secure, he would not resign. That such was the actual state of matters, subsequent events have proved. Now we have no hesitation in stating that in our opinion Dr. Reddy made a very serious mistake in acting as he did, for he practically said to the Governors, if you will not elect my son, I will not give you the opportunity of electing any one else. It was but human nature for the Governors to feel that in truth Dr. Reddy was claiming the right of dictating to them, and there consequently arose among them a feeling of strong irritation. This found vent at the quarterly meeting of the Governors, held two days previous to their annual meeting, in a notice of motion to place Dr. Reddy and Dr. Wright upon the consulting staff. This motion gave rise to very great excitement for it was the first time in the history of the Hospital that an attempt was to be made to place any of the attending staff upon the consulting staff without their express desire, and actually against their will. For so many years the annual re-election of the same staff had taken place, apparently simply as a matter of form, that it seems not to have entered the heads of any of the Medical staff that the day might, and very possibly would, come when this annual round robbin would end. But the vast increase in the number of Governors during the last two or three years has, while giving the Hospital a considerable addition to its permanent funds, also given it a number of Governors who very properly hold the opinion that appointments upon its attending staff should not be held for periods extending in some cases considerably over a quarter of a century. They feel, very many of them, that there should be a limit to the time during which such appointments can be held, and while they do not desire to curtail it to a degree which would render it to a great extent valueless, yet there is a limit which it should not exceed, unless in exceptional cases, such for instance as those who hold appointments as clinical lecturers. Up to the time when this notice of motion was given, while some predicted it as regards Dr. Reddy, few thought to find coupled with it the name of Dr. Wright. This gentleman has, we are well aware, done the Hospital good service during the nearly if not quite thirty years of his appointment, and we think in times long past it equally returned the compliment. But for somewhere in the neighborhood of the past fifteen years, Dr. Wright has been an ordained priest of the Church of England, and as such has retired from the practice of his profession, although he retained his professorship in McGill University Faculty of Medicine, as also his Hospital appointment. In this position we are aware he is not entirely singular, it being possible to find at least one other similar case. Be that as it may, there is no doubt of this fact, that the rank and file of the profession in Montreal feel that Dr. Wright should, under the circumstances of his position, have long ere this retired from the Hospital staff. That a like feeling exists among the Governors, the introduction of his name into the resolution clearly proves. Its actual strength we are of course unable to estimate for when the annual meeting of the Governors took place, which it did on 20th of May, the two names were separated, and the vote taken first upon the transferring of Dr. Reddy to the consulting staff. Twenty-six names voted yea, and thirty-four voted nay. The motion being thus lost, Dr. Reddy was again elected on the attending staff, and that concerning Dr. Wright

was not put to the meeting. Thus ended this brief excitement, but its results are still evident. That it will be revived next year, is heard on every hand. How it will then result we do not predict, but we believe we are correct in saying that the strength which the vote developed was a surprise to many.

Before we close we desire to say a word as to the accommodation which the Governors room affords for such meetings. It is utterly inadequate. Many are unable to gain admittance to it, and when a vote is taken, many who are crowded on the gallery are, we have been assured, ignorant of the fact, and have thus been deprived of voting. If the by-laws render it necessary to meet within the Hospital building, is it not possible to adjourn to where larger accommodation can be obtained.

"Thackeray as a Draughtsman" is the subject of a paper by Mr. Russell Sturgis in the June *Scribner*, which brings together thirty or more of the novelist's sketches. As Mr. Sturgis says, Thackeray was by no means a good draughtsman; but the humor, "character" and picturesqueness of his pencilings have such an interest for most readers that technical deficiencies are apt to be forgotten. The examples selected are largely from early numbers of "Punch" and from the novels. The famous "Three of Spades," "from the original in sticking-plaster by Miss Williams," the initial to the "Ballad of Eliza Davis" and the "Horrid Murder," from "Punch," are among the wittiest and best.

REVIEWS.

A Guide to the Practical Examination of Urine for the Use of Physicians and Students. By JAMES TYSON, M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, &c., &c., &c. This edition revised and corrected, with illustrations. Philadelphia, Lindsay & Blakiston, 1880. Montreal, Dawson Brothers.

This small manual has so recently been noticed in these columns that little more is left for us to say. That it is well adapted for being a guide to so important a study as the Pathological secrets, revealed by a urinary examination, is amply proven by the fact that a very few months has sufficed to dispose of a second edition. We have for several years had this volume a constant occupant of our clinical laboratory, and have rarely found it fail to give us just the information we needed. We have heard others express a similar opinion.

Richet's Histology and Physiology of the Cerebral Convolutions. pp. 142. W. Wood & Co., N.Y.

Perhaps in no department of medicine has greater advances been made during the past decade than in cerebral physiology. Previous to the past five or six years take up any work on physiology, and you will find the functions of the cerebral convolutions described as being limited to the functions of thought. It is quite true that Hughlings-Jackson, fifteen or sixteen years ago, had published in various periodicals his views on the probability of the cerebral convolutions containing centres for the regulation of certain definite and methodical movements, but it is not yet ten years since anything approaching these suppositions were actually verified by experiment. With the publication of the results of experiments by Fritsch and Hitzig, and the more satisfactory ones of Ferrier, a new era commenced in cerebral physiology. We now know that, besides being associated with the mind, certain convolutions, if not actually possessing "centres," are capable of giving rise to certain definite movements when stimulated by electricity.

Subsequent to the publication of these experiments a host of other investigators, notably French and German, have entered the field of enquiry, and contributed much to the elucidation of the subject. The work, the title of which heads this article, besides containing a description of the histology of the convolutions quite up to date, has also a resumé of the most important researches that have been undertaken by these investigators for the purpose of ascertaining their functions. Richet does not seem to have added much to our knowledge through his own investigations. We cannot quite agree with him in his preferring galvanism as a stimulant for the centres. We think faradization as applied by Ferrier is more likely to develope the purposive movements of the so-called

"centres." Galvanism can only momentarily stimulate upon opening or closing the current; when the current is passing, its electrotype action at once manifests itself.

While agreeing with Ferrier to some extent, the author does not believe in the existence of actual "centres" capable of originating movement.

The book contains a mass of information regarding the cerebral convolutions that is absolutely necessary every medical man who wishes to hold even a mediocre position should know, part of which he will find only in two or three of the most recent works on physiology.

Nervous Exhaustion (Neurasthenia). By GEORGE M. BEARD, M.A., M.D. New York, William Wood & Company, 27 Great Jones street Montreal, Dawson Bros., St. James street.

This is a treatise written by a gentleman who has had great opportunities of gaining experience in nervous affections. It covers the ground fairly well, and adds another link to the chain of investigations that are now taking place in the many hundred manifestations of different nervous diseases.

We may not agree with all the opinions expressed, but we can confidently recommend it to the general practitioner.

Electricity in Medicine and Surgery. By JOHN J. CALDWELL, M.D., Baltimore, Maryland.

This pamphlet is a practical essay on some of the uses of electricity. It is evidently written to extol Kidder's batteries, and, from what we have heard of them, they are not too highly praised.

FOOD AND FOOD-MEDICINES IN SURGERY.

"I have long regarded food as the first of remedies, and have taken it as chief maxim in practice that a return to health lies through a return of the assimilative powers and a desire for natural aliment; that whenever a drug is administered it is but a means to this end; and that, in every instance, its nauseant powers, which are generally certain, are to be weighed against its antidotal virtues, which are, except in few instances, doubtful. * * * * * *

"Concerning the virtues of Extract of Malt, which was introduced into this country from the German pharmacopœia four or five years ago by the "Trommer Extract of Malt Co.," I can speak in a decided manner. An extensive trial of this remedy in the acute and chronic disorders of Surgery, during the past three years, has convinced me that it is a food-medicine of undoubted power, and the general hold it has gained upon the professional mind in America in this period shows that I share a very common opinion in regard to its merits.

"The introduction I had to this remedy was such as to make a lasting impression upon me. In August of 1876 a patient, aged five, in whom I had far more than a professional interest, after a slight indisposition for several days, began to show an elevation in temperature. As this was decidedly periodic, I thought it, of course, to be of malarial origin, and gave myself but little concern about it until I discovered it could not be permanently controlled by quinine. In decided doses the temperature would come down for a day, to rise again the next—reaching a maximum of 101°. Languor, weakness and anorexia increased; within a fortnight cough and bronchitis were established, and the patient was at length forced to keep her bed. As the symptoms did not improve the thought came to me that it was tubercle I had to combat. Oil was rejected, or taken after such a struggle that I substituted Trommer Malt Extract, which about that time was coming into some use in Louisville. Its beneficial effects were apparent in a very short time. The temperature speedily came down and remained down, the cough disappeared, and in a fortnight the child was at play. Whatever was the name of the disease, it was one of malnutrition; and I have always thought that what was or might have been the development of tubercle was arrested by the malt and milk upon which alone the child was kept after the first futile attempts to arrest the disease with anti-periodics.

"With such an introduction as this, of course I was led to use it in practice, and there are few accidents or diseases of Surgery in which I have not tested its virtues—so much so, in fact, that I fear their enumeration will sound much like an index." * * * *Extracts from paper by Richard O. Cowling, A.M., M.D., Professor of Principles and Practice of Surgery, University of Louisville, in the Louisville Medical News.*

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CONTENTS.

ORIGINAL COMMUNICATIONS. PAGE

Certain Anæsthetics, by W. H. Hingston, M.D., L.R.C.S.E., D.C.L., Surgeon to Hotel Dieu, Montreal, 225—A case of Nervous Inflammatory Puerperal Fever caused by a vivid dream, by Dr. Cassels, Three Rivers P.Q., 228—Correspondence.....229

PROGRESS OF MEDICAL SCIENCE

Benzoate of Soda in Gonorrhœal Ophthalmia, 230—Sprains and Wounds 230—Hydrobromic Ether, 231—Benzoate of Soda in Ulcerations, 231—Pop-Corn in the Nausea of Pregnancy, 231—The value of the dependent position of the Head in operations on the Mouth and Throat 231—Digitalis Hypodermically in Flagging Heart, 231—Cure for Vomiting of Pregnancy, 232—On the Therapeutics of Acute Rheumatism, 232—The Significance of Jaundice, its Dangers; Importance of prompt Treatment, 235—The Treatment of Hysterics, 237—The Therapeutical Action of Cold, 237—Rectal Medication, 239—Action of Remedies on the Liver, 240—The Latest from Truth, 240—The Treatment of Hæmoptysis, 241—Treatment of Cardiac Dyspnœa, 241—Marital Relations in Uterine Disease, 241—Nitrate of Uranium in the Treatment of Diabetes, 241—Remedy for Corns, 241—Aspiration for Abscess of the Liver, 242—A Revolution in Therapeutics, 242—The value of Warm Water in Surgery, 242—Treatment of Dysentery in Children, 243—Lunar Caustic in the Treatment of Ophthalmia, 243—An important Decision—Dr. Mallory vs. The Ontario Medical Council, 243—Speedy Cure of Nasal Polypi, 243—Hooping Cough 244—Henning on the Appearance of the Tongue in Disease, 244—Soup, 244—The first Insensibility from Ether, 245—Bleaching Sponges, 245—A remarkable case of Malpractice, 245—Cold and Hot Water in Post-Partum Hemorrhage 246—Formula for Guaiacum, 246—Vinegar as a Post-Partum Hemostatic, 246—Treatment of Rheumatism by Iodide of Potassium and Opium, 246—Innocuousness of certain Heart Lesions—Acute Articular Rheumatism—Salicylic Acid and Alkalies, 247—The Tampon in Abortion, 249—For Sore Nipples, 249—Treatment of Naso-Pharyngeal Catarrh, 250—Inflammation of the Bladder, 250—When to Rupture the Membranes, 250—Ergot and Sodium Bromide in Epilepsy, 251—Salicylate of Soda in Chorea, 251—Pyrogallic Acid in Hæmoptysis, 251—Treatment of the Funis, 251—Eczema Intertrigo of Infants....251

EDITORIAL.

New Dispensary in Montreal, 251—Obituary, 251—A Royal Physician 252—Personal 252

Original Communications.

CERTAIN ANÆSTHETICS.

By W. H. HINGSTON, M.D., L.R.C.S.E., D.C.L., Surgeon to Hotel Dieu, Montreal.

Read before the Medico Chirurgical Society, Montreal.

There would seem to be much similarity of action on the economy in the ethyls, methyls, and formyls, and in their adaptability to anæsthetic purposes.

Chloroform for many years held its sway, undisputed save by ether; and in the claims of each the Atlantic Ocean seemed to divide the too camps.—British practitioners holding, in great measure, to the discovery of Simpson; and American practitioners to the anæsthetic of the Boston school. (I name not *his* name, for the modern Athens has not yet decided to whom to award priority in the introduction of ether.) In Canada, chloroform has been more generally used. I may say, until within the past few years, it has been used almost exclusively in hospitals and dispensaries. As I have not had any serious accident in the administration of either anæsthetic, I have come to regard *both* with confidence, and without misgivings.

Still, deaths are now and then recorded from ether, and more frequently still from chloroform; and in the hands, too, of the most competent. But I am satisfied these untoward results would be less frequent were the administrator of either anæsthetic to give his *undivided* attention to his work, and not occupy himself, as too often happens in surgical cases, with the doings of the operator.

Still, as already observed, deaths are recorded, and will doubtless continue to be recorded in the future. To reduce that number to the minimum is the desire of us all.

A couple of years ago, at the recommendation of Spencer Wells, I made use of the bichloride of methylene ($C_2H_2Cl_2$) using that prepared by J. Robbins & Co., Oxford street, London. It has the color, nearly the taste, and very nearly the smell of chloroform. I could see no difference in its action, and seeing no difference in its action but much difference in the price, discontinued it. Spencer Wells claims that vomiting is less frequent with the bichloride of methylene than with chloroform, but as I have not observed vomiting from the latter to be frequent when properly administered I could see no difference in that respect. In the hospital, and out of it, I have used chloroform and ether indifferently; in long and tedious operations, generally inducing complete anæsthesia with chloroform, and continuing that condition with ether.

Not long ago attention was drawn in the columns of the medical press, and chiefly by Dr. R. J. Levis in the *Philadelphia Medical Times*, to hydrobromic ether. I procured a quantity of Wyeth's of Philadelphia, and the results I shall briefly state to you.

It was administered, as I have been accustomed to administer chloroform, on a thick towel folded into a cone. The air was exclud as I have been accustomed, except in old

sons, to exclude the air when giving chloroform or ether. But while never measuring the quantity of chloroform, nor watching the pulse, some attention was paid to these matters with the new anæsthetic, measuring the quantity and often noting the pulse.

I was first struck with the rapidity of action of the Bromide as compared with that of ether or chloroform, in inducing complete anæsthesia; and more still with the suddenness of the return to consciousness. So sudden indeed was this return that it appeared to some of those present on certain occasions that the patient had not slept at all.

In only one case was there difficulty in inducing anæsthesia. Upon a stout muscular young man an attempt was too suddenly made, and without any warning by my assistant, to bring him under the influence of the bromide. Considerable cerebral excitement was manifested, and the violent muscular resistance offered, rendered the proper application of the towel extremely difficult. This was the only exception to what was observed in all the other cases, and could have been easily avoided by making an equally rapid influence, but with a more thorough assent on the part of the patient,—the greater ease with which this anæsthetic is inhaled facilitating its use. With the exception noted there was scarcely any emotion, and no struggling, save in the case of an infant, who could form no appreciation of the ordeal to which it was being subjected. As is the case with other anæsthetics, there was increased rapidity of the heart's action, and greater general arterial tension, as Dr. Levis terms it. With the increased frequency of the heart's action, there is, as might be supposed, increased frequency in respiratory movements, but less than with ether or chloroform; and less heaving than with the nitrous oxide gas.

In not one case have I noticed vomiting, and this alone would seem to give it a great advantage over chloroform, which, though occurring more frequently with the latter than it should, due in great measure to faulty administration, yet sometimes occurring notwithstanding every effort to prevent it.

The following notes of the exhibition of the new anæsthetic are not so complete as could be desired. They may be premised by stating that I was never accustomed to measure the quantity of chloroform or of ether administered to a patient; nor during the employment of either anæsthetic to pay any attention whatever to the pulse. Rarely if ever do I feel the pulse at the wrist or elsewhere, being firmly of opinion that when death does take place, the heart is always the *last* to register the untoward event.

In the trial of the bromide of ethyl I, for the most part, disregarded the pulse, but when noted it was recorded either by my colleague, Dr. Brunelle, or the *interne* Mr. St. Jacques or my student, Mr. Bastian, or myself but not by them or by myself, and for the reason given, with anything approaching that exactness which obtained in Paris when the anæsthetic was undergoing trial there. The first trial were at the Hotel Dieu, then in the city, and also at Belœil.

1st. Mrs. P. M., æt. 26. Reduction of femoral hernia. 3 iiss. Bromide of Ethyl, (C_2 H^5 Br.) Complete anæsthesia in two minutes, which lasted seven minutes. Five seconds after I announced reduction, i.e. after removal of the anæsthetic, patient was perfectly conscious. Pulse was not noted in this case, but breathing was scarcely increased in frequency. No stertor; no vomiting; and return to perfect and sudden consciousness was as quickly as after laughing gas. One of the Sisters of the Hospital and Mr. Bastian were present.

2nd. Scirrhus Breast.—Mrs. ——æt. 38 Pulse before operation was 74, and at no time during operation above 80. Respiration was scarcely influenced; and anæsthesia was complete in 55 seconds; and was kept up for 18 minutes, with 3 vss. of C^4 H^5 Br. Hospital staff present.

3rd. Double Club Foot.—Patient, æt. 6 weeks, Complete anæsthesia in 30 seconds. Continued during division of plantar-fascia and posterior tibials of both sides. Removal of anæsthetic was followed in less than four seconds by complete consciousness, and full and entire wakefulness. Dr. Perrault, of St. Hyacinthe, besides Hospital staff, present.

4th. Hon. Mr. O., æt., 55, for examination of elbow joint. 3 ij was administered; considerable excitement and struggling, from anæsthetic having been too early removed. An additional two drachm induced desired condition, and almost immediately after its removal entire consciousness returned. Dr. Brunelle present.

5th. Amputation above wrist joint.—Patient L. M., of Belœil, æt. 72. Dr. Perrault, who

kindly administered anæsthetic, was not informed of its nature, and found its action satisfactory. No record was made of quantity in this case. Complete consciousness on removal of napkin.

6th. Talipes, double, same as case 3, above alluded to. It was now for division of both tendon achillis. The anœsthetic was given up same as in former instance, but the little patient was allowed to sleep after the operation, as is advisable after chloroform or other anæsthetic. The above two operations were performed at Belœil. Dr. Perrault present.

7th. Examination for stone in the bladder.—I handed the anæsthetic in this instance to Dr. Finnie, who administered it without having been made aware of its nature. I believe Dr. F., was quite satisfied with it.

8th. Operation for hæmorrhoids.—A woman aged 30. The quantity used was small, not more than 3 iss. Anæsthesia was quickly produced, and the piles removed, but not till complete relaxation of the sphincters of the bladder and rectum had occurred. Notwithstanding the complete anæsthesia which this accident denoted, intellection was almost instantaneous on removal of napkin.

9th. Anæsthesia for the removal of a portion of the lower jaw bone in a middle aged person.—The operation was a tedious one, and the anæsthetic was continued during its performance, the nose and a part of the mouth being covered with the napkin while the operation was being performed. Intoxication continued in this case long after the operation was over and the bromide withdrawn; the patient being somewhat demonstrative in her friendship. Several of hospital staff present.

It would serve no good purpose to mention other cases where no features of special interest were observable.

Bromide of ethyl has now, for a time at least, taken the place of other anæsthetics at the Hotel Dieu; and as no features of special interest have been observed, none are here recorded. In private practice I have had occasion to use it many times since I commenced its use at the hospital, and from my experience, so far, I am disposed to give it the preference over chloroform, on account of its milder and pleasanter action. Over ether it has one great advantage: pure bromide ethyl is non-inflammable. By the surgeon who adds, to his usual armamentaria, lamps and atomizers, that disease germs may be brought to understand: "So far shalt thou go, and no further" this quality of the new anæsthetic will be duly appreciated.

As the introduction of bromide ethyl is recent, and is already being extensively used in the adjoining States, manufacturers are vieing with each other in placing the article before the profession. It is evident they have not all been equally successful, and several varieties are said to have been exhibited; one containing so much ether that it ignited; another so disagreeably pungent and irritating as to be not easily inhaled. So far as I have learned, but one kind has reached Montreal, that of Wyeth, of Phiadelphia. I had, first from Mr. Gray, and afterwards from the manufacturers, an article which seemingly possesses the peculiar yet not disagreeable odor, and the quality of non-inflammability which should characterize the proper article.

It will suffice to say that I have used chloroform or ether in hospital or private practice but once or twice since I commenced using the bromic of ethyl, and the conclusions at which I have arrived after a short, yet I believe a sufficient trial are:

1st. That bromide of ethyl, or, as it is indifferently called, hydro-bromic ether, is an anæsthetic of great value.

2nd. That being less pungent than ether, and less irritating than chloroform, it can be administered with greater facility than either.

3rd. That it is far more rapid in its action than ether, and even more rapid than chloroform.

4th. That the pulse and breathing are less influenced than with ether or chloroform.

5th. That there is less resistance and struggling on the part of the patient.

6th. That, judging by limited experience, vomiting is less frequent than after chloroform or ether.

7th. That in no case was there disposition to fainting.

8th. That it is eliminated from the body much more rapidly than any anæsthetic except laughing gas.

If the above propositions are fairly stated it follows as an obvious corollary: that bromide of ethyl is one of the, and in some respects, the most valuable anæsthetic hitherto used.

I confine my observations, advisedly, to the use

of bromide of ethyl in surgery. What aid the accoucheur may obtain from it remains, in great measure, to be seen. Dr. Turnbull claims that, when used in tablespoonful doses when the pains are most intense and distressing, it gave as prompt relief as ether, and yet it did not interfere in the least with the expulsive efforts. The quantity given appears large,and would indicate that it had been administered as chloroform usually is in obstetric cases, largely diluted with air; whereas, in all my surgical cases, I have endeavored save in old persons to have the air excluded as much as possible.

A CASE OF NERVOUS INFLAMMATORY PUERPERAL FEVER CAUSED BY A VIVID DREAM.

By Dr. Cassels, Three Rivers, P. Q.

Every practitioner who has had any considerable midwifery experience knows how susceptible even the healthiest women are to any untoward influence while convalescing from childbirth; and how, even in those cases where, under the best sanitary conditions, every possible precaution has been taken, a patient will, from an apparently trivial, or perhaps without any obvious cause, suddenly fall into an alarming condition.

In my own experience I have often been puzzled to account for puerperal patients developing dangerous symptoms, and have long been of opinion that mental emotions, particularly dreams, are more important factors in the causation of childbed fever than the generality of the profession give them credit for, although all the standard authorities are unanimous in laying considerable stress on mental emotion as a predisposing cause.

The following is a well-marked case, and I venture to hope will be found of interest as bearing upon what I have above stated.

On April 11, I delivered Mrs. P.— of her second child, a fine boy of about 10 pounds weight. She is a large, healthy, well-made woman, and not in the least nervous or timid. During gestation she was unusually well, and, to use her own words, " would not have known she was enceinte except by the cessation of her menses, and the gradual increase of size."

Slight cutting pains came on at about 8 o'clock p.m., to which she paid scarcely any attention, remarking " that she did not see why women made such a fuss about childbirth."

At 12.30. a.m., the os being well dilated, the first bearing down pain ruptured the membranes, and the second brought the child into the world. The placenta followed immediately, and in less than half an hour after the first forcing pain the patient was ready to be left for the night.

Very little blood was lost, and no ergot was given. I literally did nothing but make one examination, when I first arrived, to determine the position, tie the cord when the child was born, and apply her binder.

I have described the labor thus extensively, as I desire to show how much reason I had to anticipate a speedy recovery, more especially as the patient is of the upper class, with every comfort surrounding her.

Up to the following Thursday night she continued exceptionally well, pulse never exceeded 80, no headache or chill, lochia natural and profuse, milk plentiful from first day, bowels moved freely with castor oil the third day, tongue clean, appetite fair but restricted to semi-solids and fluids, slept well.

During this time she never sat up in, or was out of her bed, nor did she see any visitors, in fact she took every precaution in her power, and was a model patient.

On Friday morning I was sent for at 6 a.m., and told that at about 11 o'clock the previous night the household had been aroused by a piercing scream, and that, on rushing to the patient's room they found her trembling with fear, and bathed in perspiration. All night she continued to grow worse, tossing about, and talking wildly.

I found her in the following condition: Skin hot and dry, temperature in axilla 102.5, expression anxious and distressed, cheeks crimson, eyes wild and frightened looking, lochia and milk totally suppressed, considerable tympanites, tongue brown and dry. When spoken to would answer rationally, but if left alone muttered unintelligibly; complained of great pain in the head, and all over abdomen, most acute over right ovary; had not urinated since the previous evening.

On asking her the cause of her fright, she said that she had dreamt that there was an earthquake, that she fancied the house was

tumbling down, and that that the nurse was pulling her down stairs by the legs.

In trying to arrive at a reason for her thus dreaming I found that there was no physical cause, but that it was altogether mental.

A month or two before, a shock of an earthquake was felt at Quebec, and had been mentioned in the daily papers. She read this at the time, but it had passed from her memory until I spoke to her. How the idea came to the surface, as it were, during sleep is a psychological question, but given the idea, the details of the dream are easily explained.

I need not enter into a detailed account of the treatment, as that is not the point I wish to bring to the notice of the profession, suffice it to say that it was some days before, under active treatment, the fever abated and the functions completely re-established, and over a fortnight before she was well enough to get on the sofa.

I consider that, practically, the dream was as dangerous to this patient as if the events had really happened.

Correspondence.

OUR LONDON LETTER.

LONDON, ENGLAND, June, 1880.

The following amusing episode occurred not long since and not a hundred miles away. A learned physician, very clever and well up in his profession, and, knowing that he is, has a very nonchalant way with him of letting everybody see that he knows that he is, passing through the wards, surrounded by his class, always a large one and this time rather more numerous than usual, he stopped at the bedside of a newly admitted patient and inquired, "What case is this?" His clinical replied, "That case of phthisis you told me to admit, sir." "Ah! true," said he; then turning to the class: "Gentlemen, this poor man is suffering from pulmonary tuberculosis and is a musician. I have no doubt you will remember my frequently trying to impress upon you in the theatre my conviction that the extra strain and exertion caused to the respiratory organs by blowing musical instruments, more especially when commenced in early life, and the consequent fatigue and subsequent reaction, are frequent and fruitful sources of phthisis, and here we have an apt illustration of my theory. Now, my friend," addressing the patient, "what instrument have you been in the habit of performing with?" "The *cymbals and the big drum* almost from infancy," replied the man. The collapse of the Professor and the merriment of the class were of "those things that we read about but very seldom see."

A friend of mine coming home early one dark winter's morning from an accouchement at which he had been using the long forceps, was assailed by two roughs; he knocked them both down with the forceps, took to his heels and arrived home safely,—quite a new mode of delivery with the forceps!

The following is amusing and interesting in a medico-legal aspect, but I cannot, of course, vouch for the truth of the paragraph. Lord Cairns, when travelling from Oxford to London, was unfortunate enough to get into a compartment which had to be slipped at the Hanwell station. Finding himself thus left behind, and that he would have to wait, his lordship thought that he would kill time by making an inspection of the famous lunatic asylum. He accordingly presented himself at the gate, rang the bell, and was speedily accosted by a porter attired in the well-known uniform of the asylum, who asked him what he wanted. "Oh," said the Chancellor, "I merely want, as a matter of curiosity and interest, to look through the establishment!" "Where is your order?" demanded the porter. To this his lordship replied that he had not obtained one, but added, "I shall not want one, and you will merely have to take my card as your authority for admitting me." "My orders," said the porter, "are not to admit any one without a properly signed order, and I must not leave my post to carry in any cards." "But, my man," responded Lord Cairns, "I am the Lord Chancellor of England;" upon which the porter burst into a loud laugh, and, with a comic leer in his eye, said, pointing with his thumb backwards, "We have three or four Lord Chancellors here, and Archbishops of Canberbury too." However, subsequent explanation secured his lordship admittance and smoothed his ruffled plumes.

The vacant seat in the House of Commons for the University of London, caused by the elevation of Mr. Lowe to the peerage, is not it seems after all to be contested by Sir William

Gull, who, I am informed, in common with the Master of the Rolls, has bowed to the decision of the majority of the liberal graduates, and retired in favor of Sir John Lubbock. Whilst admitting the brilliant talents and the brilliant services rendered by his rivals, it is very much to be lamented in the interest of the medical profession that Sir William Gull should not have been elected. The presence of such an eminent member of the profession in the House would have been of incalculable benefit, as his opinion would have carried great weight when some of these burning questions so momentous and of such paramount interest to the well-being of the public were brought forward. So far as my recollection serves me, we have now no representative to watch and look after our interests (if there be one I trust he will pardon me). Dr. Lush's retirement, his health having given way, was much to be regretted, as he supported many useful motions. After an interval of rest and relaxation, I hope he may be induced to come forward again, for although many professed to feel a doubt, I think he would have been again returned for Salisbury, and we certainly require a few more such men as he in the "House" to watch our interests, for alas! most men think "three faces wears the Doctor: an angel's when first sought; a god's, the cure half wrought; but when, the cure complete, he seeks his fee, the devil looks less terrible than he!" One of Sir John Lubbock's measures is in my opinion of very questionable benefit,—I mean the bank holidays, which have now universally become general holidays, at least in my neighborhood; they are productive of more harm than good, and many deserving individuals have to go without their hardly earned money that these holidays may be taken,—holidays which generally end in drunkenness and illness for the present, and pinching and hardship in the future.

I have great hope of being able to report favorably of the chian turpentine in my cancer case, and have found marked benefit from it in two or three obstinate cases of gonorrhœa in the chronic (gleet) stage. The subject of Hospital reform, by establishing "provident dispensaries" in connection with them, is now agitating the public mind. There is not the slightest doubt that Hospitals are very much abused: hundreds, nay thousands of people who can well afford to pay for private attendance flock to and obtain advice and medicine gratis from them; but on the other hand there are many thousands who could and would pay moderate charges, but cannot pay a (too often) heavy doctor's bill. I am not at all sure that a good private dispensary, conducted by properly qualified medical men and on a conscientious principle, where, when in ill-health, by paying moderate fees weekly in advance, they can receive proper medicines and attendance, do not meet the public wants and requirements better and with more satisfaction to the doctor. The Medical Associations that have sprung up so numerously within the last few years amongst Friendly Societies are to my certain knowledge very much abused. Men in good position enter themselves, their wives and families in them purely for the sake of the medical benefits attaching to them, and don't they expect a lot of it too! and I quite expect that the hospital dispensaries will be open to the same abuse.

Progress of Medical Science.

BENZOATE OF SODA IN GONORRHŒAL OPHTHALMIA.

The *Lyon Med.*, March 7th, tells us that Dr. Dor, who for the last two years has used the benzoate of soda with great success in the purulent ophthalmia of infants, has recently had the opportunity of treating a well marked case of gonorrhœal ophthalmia, recovery taking place in a few days, without any opacity being left. He kept iced compresses constantly to the eye. The benzoate of soda was employed in a 20 per cent. solution, and tannin in a 10 per cent. solution, ten drops being instilled every three minutes. All secretion which issued from the eye was removed by means of a wash consisting of 100 per cent. solution of the benzoate.

SPRAINS AND WOUNDS.

Dr. Brinton says that, to treat sprains, the injured limb should be placed in hot water, and boiling water be slowly added until the highest endurable temperature be reached. The limb is to be retained in the water a quarter of an hour, when the pain will have gradually disappeared.

Tannic acid, in powdered form, applied to wounds constituting compound fractures, will convert them, when the wounds are not extensive or torn, into simple fractures, by rapidly forming a cicatrix, and thus save from one-third to one-half the usual time of healing.—*Med. and Surg. Rep.*

HYDROBROMIC ETHER.

Hydrobromic Ether, the new anæsthetic, has been made the subject of careful study by Dr. R. J. Levis, and the results of his observations have been published in the *Philadelphia Medical Times*, January 17, 1880. The agent is a colorless liquid, of peculiar odor, intermediate between chloroform and ether in density and volatility, and its vapor is neither inflammable nor irritating to the air passages. Anæsthesia is usually induced in two or three minutes, and recovery of consciousness is of equal rapidity. The mode of administration is by inhalation from a covered napkin, and the quantity required varies with the necessities of the case between one drachm and eleven drachms. The preliminary muscular excitement is moderate and transitory, and is attended with slight acceleration of pulse and slight increase in vascular tension. Respiration is not affected beyond the characteristics of ordinary ether narcosis. Nausea and vomiting do not occur often. The pupils dilate when complete anæsthesia is induced, and resume their normal dimensions upon the return of consciousness. They may be taken as the guide. Ordinary caution should be observed in using the agent, although Dr. Levis has never discovered any tendency to the production of syncope.—*Chicago Medical Gazette.*

BENZOATE OF SODA IN ULCERATIONS.

In scrofulous and syphilitic ulcerations Schuller and Berkart have derived decided benefit from the internal use of benzoate of soda (*Medical Press and Circular*, December, 1879.) The latter recommends it in the following formula:

℞.	Sodii benzoatis,		ʒ ss
	Tr. cardam. comp.,		ʒ ss
	Aq. menth. pip.,	ad	℥ j. M.

For one dose, to be taken twice daily.

The latter thinks it is valuable in many forms of constitutional syphilis.

POP-CORN IN THE NAUSEA OF PREGNANCY.

Dr. F. A. Burrall, of this city, writes: "One of the best remedies for the nausea which attends the parturient state is the quickly roasted grain of the *Zea mays*, or Indian corn. It is too familiarly known as 'pop-corn' to require any description. Many physicians are not aware of the beneficial results which may be derived from the use of this simple agent. It should be white and light, and may be eaten freely, sprinkled with salt. I think it is no exaggeration to say that it will be found of the greatest service in many cases where the products of the chemist's art have proved unavailing."—*Medical Record.*

THE VALUE OF THE DEPENDENT POSITION OF THE HEAD IN OPERATIONS ON THE MOUTH AND THROAT.

Professor Thomas Annandale, of Edinburgh, in the *Lancet* of Nov. 8th, 1879, states that eighteen months ago, when removing the greater part of the lower jaw, including its symphysis, he tried the plan of allowing the patient's head to fall over the edge of the table. Although the tongue immediately fell back toward the posterior wall of the pharynx after the attachments of the tongue to the jaw had been freely divided, the man's breathing was perfeetly easy —much more so than when the head was raised or lay level with the trunk. Before the patient left the theatre, he demonstrated this fact several times to the students present, and thoroughly convinced them and himself of its correctness.

The experience of this case led him to place the head in the same position in his next operation on the throat (thyrotomy); and since then he has performed many operations in this way on the mouth and throat with complete success, and with great facility as regards the prevention of blood passing into the air passages, the obtaining a good view of the parts, and the carrying out of the necessary manipulations.

Among the operations in which he has used this method, have been a second case of thyrotomy, two cases of tumor of the palate, one case of large epulis, and three cases of cleft palate. In all these operations he has been impressed with the advantages of this position of the head. Complete anæsthesia, by means of chloroform, or a mixture of chloroform and ether, has been kept up without any inconvenience during the whole proceedings.

His present method of keeping the head in this position is to have it hanging over the end of the table and supported there by the hands of an assistant; but he is having a little addition made to his operating table, which will allow the head to be supported in this position more efficiently.

DIGITALIS HYPODERMICALLY IN FLAGGING HEART.

In a recent clinical lecture Professor Da Costa called attention to the use of digitalis hypodermically for the purpose of sustaining a flagging heart. Two drops of the fluid extract are equivalent in strength to fifteen minims of the tincture. This amount (gtt. ii). well diluted with water, is what he generally uses, and he has always found that it answers all the purposes of hypodermic medication excellently. This dose can, of course, be repeated as often as necessary.

CURE FOR VOMITING OF PREGNANCY.

Dilatation of the cervical canal for the vomiting of pregnancy is now regarded not only an efficient means of treatment, but reasonably safe. The dilatation should not, however, be carried to the interior of the uterine cavity, but should rather be confined to the lower portion of the constricted part of the cervical canal, and even here need not be extensive. It may be accomplished with the index finger, which should be gently carried through the external os with the rotating movement, until one-half of the first phalanx has been introduced. This may be easily accomplished with the multipara, but with the primipara it will generally be necessary to enlarge the os by previous dilatation, until room enough has been gained to admit the finger. The statistics of this method of treatment are not sufficiently large to warrant us in saying that it is wholly unattended with danger of abortion, but from records of several cases, since 1875, it may be said that it is a safe and sure remedy. It was discovered by Copman in 1875, when he dilated for the purpose of producing an abortion for the relief of vomiting, and instead of causing the abortion he cured the vomiting.—*Chicago Medical Gazette.*

ON THE THERAPEUTICS OF ACUTE RHEUMATISM.

A clinical lecture delivered at the Jefferson College Hospital. By ROBERTS BARTHOLOW, M.D., professor of Therapeutics and Materia Medica in Jefferson Medical College, Philadelphia.

GENTLEMEN: In no disease is the influence of fashion in therapeutics more conspicuous than in the treatment of acute rheumatism. Now it is a therapeutical nihilism, as the "mint-water method" at Guy's Hospital; again it is the application of blisters to the affected joints; now it is the alkaline treatment; again it is salicylic acid. Whatever it may be, the remedy has almost universal sway for a time, until supplanted by some other fashion. I need hardly say that we should not abandon an old and well-tried remedy for a new one, simply because it is new: but the new one should be distinctly better. It may be useful then, in view of the cases which have been before us, to examine into this subject of the therapeutics of acute rheumatism, and come to some conclusions, if we can, in regard to the relative merits of the various remedies which have occupied professional attention for several years past.

First of all, gentlemen, I cannot too strongly insist on this fundamental fact, that no single remedy can be rightly applied to every case of acute rheumatism. In this disease, notwithstanding it pursues a pretty uniform plan, there are wide differences in origin, in the type of individual cases, and in the constitutional state and bodily condition of patients—all of which must have due recognition if we would employ our thereapeutical expedients wisely. Let me illustrate: Rheumatism seems sometimes to be of distinctly nervous origin. We now know that certain changes in the spinal cord, and injuries of nerves, are followed by joint inflammations similar to those of acute rheumatism. Again, the circulation of some organic acid in the blood has seemed to excite rheumatic inflammation; at least we know that the sweat and the urine are very acid, that endocarditis has been excited by injecting lactic acid into the peritoneal cavity of animals, and that rheumatic attacks have been induced by the administration of lactic acid for diabetes.

Furthermore, the most superficial inspection of the cases which have been shown must have satisfied you that there are three classes of subjects who are attacked by rheumatism: the cachectic, feeble, and nervous; the obese, florid but flabby, drinkers of malt liquors; the vigorous and able-bodied, who have inherited or acquired a rheumatismal diathesis.

These forms and types are so distinct that he who fails to take heed of them cannot properly adapt his means to the end in view, and must pursue merely routine methods.

We are greatly aided now in our attempts to arrive at just conclusions respecting the therapeutical value of our remedies for rheumatism by the exact knowledge we possess of the natural history of this disease. Thanks to the "mint-water treatment" of Guy's Hospital, we know that rheumatism has a tendency to get well about the fourteenth day, and again but more decidedly about the twenty-first day, but that it usually continues on to the sixth week and does not really cease earlier, as I think Dr. Fuller conclusively shows. The traditional "six weeks and blankets," under the spoliative treatment formerly employed, seems to be about the natural limit of rheumatism, and hence, if under our remedies the duration of the disease is distinctly less, they have exerted a curative influence. It is very apparent, therefore, that we have several remedies which possess curative value in this disease, for under their use the duration of it is materially abbreviated.

Taking up for consideration, first, the type of feeble, anæmic, nervous subject—what method shall we pursue? If I were governed merely by the fashion of the time I would direct salicylic acid or salicin—an undeniably efficient remedy in many cases. But in this class of subjects it does not succeed well; they are much depressed by it, and have a tedious convalescence with a strong tendency to relapses. In these cases I decidedly prefer the tincture of the

chloride of iron, in half-drachm doses, well diluted with water. We owe chiefly to Dr. Russell Reynolds the important fact that the tincture of iron is an efficient remedy in acute rheumatism. It cuts short the duration of the disease, and what is even more important, lessens the danger of cardiac complications. Dr. Anstie pointed out another fact—that the tincture of iron has the power of prophylaxis—of preventing attacks that are impending. Whether it acts by virtue of its acid or its iron is not known, but it is probably the former. Dr. Ridge has shown that the mineral acids are decidedly curative in acute rheumatism. Alkalies are curative in rheumatism! mineral acids are curative in rheumatism! What strange contradiction is this? After all, gentlemen, this opposition of agents is more apparant than real. It is not difficult to conceive that whilst alkalies neutralize the acid of rheumatism, the mineral acids may prevent its formation. We may, therefore, assume that the virtues of the chloride of iron are due to its acid; but we should not obtain the same good results from chlorhydric acid, for iron aids in the restoration of the blood, and is useful for this reason.

I direct, as I have already indicated, and as you have witnessed, thirty minims of the tincture well diluted with water, every four hours. The affected joints are wrapped in cotton if the patient desire it, but otherwise are simply kept at rest, and if the pain is severe, some small blisters are applied around the joint, but not on it. I have treated many cases with the iron alone, and with iron aided by moderate doses of alkalies and blisters. The best results have been obtained in these weak and anæmic subjects by the iron and blisters, and an occasional laxative of Rochelle salt. The treatment by blisters alone is a highly efficient plan, and is by no means so painful and disagreeable as it appears at first sight. The blisters remarkably relieve the pain, and patients soon learn this and ask for their repetition. But the blisters do more—they bring about a more alkaline condition of the blood, and render the urine less acid or bring it to neutral, or even to alkaline. I do not, as the French physician (Dr. Dechilly) who proposed the method, apply large blisters over the whole of the affected joints, but as Dr. Davies, of the London Hospital, who introduced the method into England, apply smaller blisters to encompass the joints. To be more explicit: I have small blisters, the size of a silver dollar, placed around the joint, leaving an interval between for succeeding applications,

In these weak subjects a few blisters are applied, and the joint is supported at rest, but the tincture of iron is the chief remedy. Managed in this way, the duration of the cases rarely exceeds two weeks; heart complications are infrequent, and the patient's strength is conserved so that convalescence is rapid and relapses uncommon.

The cases of the second class require different management. They are the fat and flabby subjects, often excessive consumers of malt liquors, who suffer habitually with acid indigestion and the usual concomitants of this state. Such subjects present a delusive appearance of good health, but they have a weak circulation, are easily put out of breath, tire on the least exertion, and often suffer from lumbago, myalgia, and other so-called rheumatic troubles. When attacked with acute rheumatism, they are very apt to have endo- or exo-cardial complications. These cases are most successfully treated by the alkaline plan. In, I believe, almost the last paper written by the late Dr. Fuller, which was in opposition to Drs. Gull and Sutton's "mint-water treatment," he insisted strongly on certain points in regard to the use of alkalies, inattention to which had been the cause of failure in the treatment. He says we must give not less than an ounce and a half of the alkaline carbonates, either alone or in combination with a vegetable acid, during the first twenty-four hours of the treatment. This may be prescribed as a drink—a lemonade—by adding lemon juice or citric acid to the solution of the carbonate—two drachms of the carbonates, an ounce of lemon juice, or half a drachm of citric acid, dissolved in four ounces of water, and taken every three or four hours. If the bowels are constipated, he gives compound cathartic pills at bedtime. As soon as the urine, when passed, ceases to exhibit an acid reaction, he reduces the alkali one-half. This reduction of the daily quantity of alkali goes on each day, until the fourth or fifth day, when, if the urine continues to be alkaline, he prescribes bark preparations or quinia, at the same time continuing the alkalies in moderate quantity. If treated on this plan, the class of cases under consideration get well within two weeks, and are often up in a week. Instead of giving the quinia in the small doses of three grains advised by Dr. Fuller, the results are much better if twice that quantity is given every four hours. In these cases, instead of quinia I usually give, after the alkali course, the tincture of iron; and if the attack is a severe one, apply blisters about the principal joints.

The third group of cases consists of vigorous subjects having, in a considerable proportion of them, an inherited tendency. According to my experience, cases of this type are adapted to the action of salicylic acid, and are often relieved with remarkable promptitude by means of it. Salicin is probably nearly as effective, but it must needs be given in such quantity as to be difficult to manage. Scruple doses of salicylic acid seem to be sufficient for most cases of rheumatism, provided they are often enough

repeated. The patient should receive not less than two drachms every twenty-four hours, and considerably more may be required. I have found that salicylic acid is more effective if given in solution or contemporaneously with an excess of alkali, than if administered in powder by itself. If kept for a few hours in solution with sodium bicarbonate in excess, the solution becomes brownish or greenish-brown, and emits an odour of wintergreen. Take it all in all, the most satisfactory procedure is to give wafers containing the salicylic acid, and alternate with an effervescing draught of an alkaline carbonate—the officinal effervescing powder answers the purpose. The amount of relief given by this remedy in many cases, is amazing, and in a few hours, a cure being effected not unfrequently in three or four days. When good is being accomplished by it, the evidence is quickly afforded in relief to pain and decline of temperature. If, therefore, after several days —three or four—persistent and efficient administration of salicylic acid, the signs of impovement are wanting, it is probable that nothing will be accomplished by its continued use. If the stomach will not bear it, or if the considerable doses necessary depress the action of the heart, or cause great irregularity in the pulsations, it must be discontinued.

Notwithstanding the importance of these remedies, or methods of treatment, there are accessories scarcely inferior in the influence which they exert over the progress of the case. The diet must be carefully regulated. Solid food of any kind seems to be hurtful, and there is usually great repugnance to it. Milk, and beef, mutton, or chicken broth, are the chief components of the diet. Large draughts of milk are useful by maintaining free action of the kidneys. Coffee and tea may be allowed, but wiue, beer, and spirits are highly injurious.

Shall any attention be given to the joints? Experience does not justify the local treatment of the rheumatic inflammation. The curvative effects of blisters are not due to the notion at one time entertained, of the withdrawal of a morbific material from the affected parts, or to the counter-irritant action, but to their systemic effects in increasing the alkalinity of the blood, and lessening the acidity of the urine, and their power to relieve pain. Wrapping the joints in cotton is comforting to the patient, but it is questionable practice, as the heat is retained, and the temperature of the joints kept above that of the neighboring parts. The application of alkaline lotions, at one time much used, owing to the theoretical notions then entertained, is now rarely employed. Painting with iodine tincture, does not influence the course of the case in any way. To maintain immobility of the affected joints, is a measure of the highest utility. Motion increases the pain and swelling, which react in turn on the systemic state, and conversely, an absolutely quiescent state of the joints, diminishes pain, and lessens fever. To secure the necessary quietude has been attempted by mechanical means—by starch or plaster bandages; but there are many joints so situated that this method, if desirable, would be impracticable. In fact, the desired immobility can be secured only by moral and medicinal means. The necessity for quiet—for absolute quiet—should be impressed on the patient, but moral suasion must be aided by means to quiet pain and restlessness. It is the sedative influence of the bromides on the centres of conscious impressions, and on the reflex and motor centres, which gives them importance as remedies in acute rheumatism, and by some of our best authorities they are assigned the highest place.

Relief to pain and restlessness is best afforded by the agents which exert a curative influence, but if pain persists relief must be given in some other way—by anodynes. If the bromides are active enough to allay pain, to bring sleep, and to quiet the restlessness, they are to be preferred; but it will generally be found, I think, that they do not possess sufficient anodyne power. Morphia or Dover's powder are usually resorted to, but the relief which they afford is at the expense of a protracted convalescence. By checking elimination, opium retards improvement. There is an agent which happens to have a decided effect in relieving pain, whilst at the same time it promotes elimination; that is, atropia, which, for this purpose, was first used and recommended by Dr. Harley. It should be administered hypodermically and in the neighborhood of the affected joints. The dose for each injection need rarely exceed the $\frac{1}{8}$ grain a day.

I have probably occupied sufficient time in giving this summary of the treatment of rheumatism, yet I ought to say something of important complications. It is by no means an unusual circumstance to have endo- or exocardial inflammations occur — in, probably, one third of all the cases. To combat it, there are three remedies of chief value — morphia, ammonia, and digitalis. As soon as the fact of the cardiac complication having arisen is known, the carbonate of ammonia in solution of the acetate (5 grains to a tablespoonful), should be freely given, with the object of securing prompt solution of the fibrinous exudation or deposited fibrin. To check the inflammatory process, and lessen the work of the heart, morphia and digitalis are prescribed. The morphia is most efficient when administered hypodermically, and the digitalis when in the form of infusion. As there is no therapeutical incompatibility, these agents may be given contemporaneously. When the acute symptoms subside, to relieve the immediate and prevent the ulterior bad effects of the inflammation, the

tincture of iron and quinia should be given freely, and the heart should be kept steady by digitalis. The extent to which restoration of these injured parts, delicate in structure as they are, can be carried by rightly seconding the efforts of nature, is very surprising. Shall counter-irritants be used? Although we are told that a blister applied to the bony walls of the chest cannot affect the condition of organs within, yet experience is in favor of the practice, and the patient's subjective sensation of relief is more valuable testimony than the deductions of theory. Neither need we be concerned about the blistering point, but put on one not over the præcordia, to interfere with auscultation, but on the side of the chest, in the subaxillary space.

There is a complication of rheumatism — fortunately very rare — in which, without any apparent cause, the temperature suddenly leaps up to 106°, 108°, even 109° Fahr. This state of *hyperpyrexia*, as it is called, is accompanied by delirium and by cardiac and respiratory disturbances. That the grave symptoms of hyperpyrexia are due to the high temperature is now admitted on all sides, but no adequate explanation has thus far been given of the causes producing it. We only know that in some cases hyperpyrexia comes on, and paralysis of brain and heart quickly ensues if the excess of heat cannot be removed. Until the value of the cold bath had been made known there existed no means of diminishing the extraordinary heat, and these cases were always fatal. Now, however, the cold bath affords us the means of rescuing some cases from impending death. The method of the application is the same as for fevers, but, if the bath is not available, the wet pack is a resource which can always be utilized.

THE SIGNIFICANCE OF JAUNDICE, ITS DANGERS; IMPORTANCE OF PROMPT TREATMENT, MANAGEMENT OF CHRONIC HEPATIC DERANGEMENT.

Clinic of Professor ROBERTS BARTHOLOW, M.D., Jefferson Medical College Hospital.

GENTLEMEN: I think the most casual inspection of this young man will show you that he is laboring under hepatic derangement. He has had several attacks of jaundice at various times, the results of which are still seen in his sallow complexion; although there is no marked jaundice this morning, his face shows the evidence of chronic biliary derangement. A passing attack of intense jaundice may depend upon very casual agencies, and, as a rule, indicates only a functional disturbance of the liver; but where the discoloration of the skin remains permanently it indicates always a change in the structure of that organ. I wish to emphasize this fact, which was originally pointed out by Graves, and since then has received much attention. The point is, that, in some forms of biliary derangement, there may not be marked jaundice of the general surface, but only a fawn color of the skin; whereas most intense jaundice may be due to causes that are temporary, and fugitive in their character. The light fawn color, then, would indicate that the biliary trouble is structural and permanent, and not transitory. This will aid in making our prognosis. This discoloration of the skin is caused by the circulation of the biliary coloring matters in the blood, due to re-absorption of bile from the biliary passages. Besides staining the skin, they make their appearance in excess in the urine, where they may be recognized by the ordinary Gmelin test. (Urine tested by nitric acid, showing a play of colors.)

The problem before us for solution in this patient is: What may be the disorder of the hepatic organs producing or accompanying these changes in the complexion, the urine and the blood. The integument of this man's body, generally, has not the appearance of health, but is a dirty fawn color. Observe that it is not the dark-greenish and olive hue of jaundice, properly speaking. We have said that this indicates a degenerative change of the liver. How shall we account for it here? He has not been a hard drinker, but he has been a steady drinker for years, from day to day and from year to year, although he is still a young man. The constant stimulation by alcohol has finally produced a condition of things of grave import.

Let us for a moment consider the state of the intestinal canal, and the functions of digestion and assimilation. His appetite is poor, he complains of indigestion and flatulence. He is restless at night. What is very significant, gentlemen, is that his stools are of the color of pine wood. What is the color and appearance of a perfectly normal stool? This is a question that I often ask students, and is a point too often neglected by medical men. A normal stool will not have this pine-wood color, but is of a dark, brown appearance, from the presence of bile. The clay-colored, or white stools, of hepatic disease, indicate that certain constituents of the bile are absent, which should normally pass into the dejections.

He says that some time ago the discharges were of a lead color, at which time we may assume that no bile whatever was present. What, then, becomes of the bile pigment? We found it in the urine, being secreted or separated by the kidneys from the blood, where it had accumulated. This indicates that the liver is so far at fault that it is not capable of performing its functions. What is the significance of this fact? and what is the danger?

Suppose a catarrhal condition of the common

ducts or the biliary passages of the liver, produces an obstruction to the discharge of the bile into the duodenum, or a gall-stone, or other agency impedes its passage; the blood then re absorbs the accumulated bile, and the condition of obstructive jaundice appears. Now, recent researches in pathology have shown that there cannot be for any length of time an obstruction to the outlet of the bile into the intestinal canal, without there being set up important changes in the structure, which ultimately lead to loss of power by the liver to functionate. Modern researches have shown that the structure of the organ rapidly degenerates, the proper secreting cells undergo fatty change, then atrophy and disappear, and at the same time the connective tissue increases in quantity, both relatively and absolutely. This danger is imminent in all cases of liver disturbance, characterized by jaundice. It will, therefore, not do to be indifferent to any of the forms of jaundice, if they continue for any length of time. You will not be doing justice to your patient, if you pass it by as of little moment; the skilled practitioner will treat the case in time, and prevent this areolar hypertrophy and cell degeneration, which will, if neglected, go to such an extent that the organ will be prevented from performing its functions ever afterwards.

What has been the pathological condition here? The habits of life of this man and the chronic indigestion have led to duodenal catarrh. This was followed by swelling of the mucous lining of the bile-ducts, which is continuous with that of the intestinal surface. First, we have simple catarrhal condition of the bile, passages, and jaundice (catarrhal jaundice); secondly, we have the mucous inflammation and swelling preventing the exit of the bile, and, hence, interference with the function of the liver. What is the effect? In the light of late investigations by Charcot and Legg, we know that this cannot continue for any length of time without the occurrence of organic change. His steady drinking, moreover, has favored contraction of the liver, which is demonstrated by physical examination; percussion shows that the liver is decidedly contracted, the area of dullness is reduced materially, and does not extend below the ribs.

Shall we conclude that our remedies will be unable to bring about a change? Can we do nothing for this cirrhotic liver? You remember that I told you the other day that nature has been bountiful in her gifts; that every individual is provided with more liver, more lung, more brain, than is necessary for his ordinary existence. This is well exemplified in the reproductive function. One testicle is sufficient for impregnation, as much so as two, or, indeed, a dozen for that matter.

This fact is equally true of the secreting structure of the liver; a considerable part of it may be destroyed without fatally interfering with its functions. In this patient, if there be a sufficient quantity of healthy liver substance remaining to carry on the function of the organ, the interference of the morbid process being removed and its progress arrested, we may succeed in restoring the man to comparative health.

We will, therefore, treat this patient. The problem is to restore the production of bile, and secure the discharge into the intestinal canal. How shall we proceed? What will arrest this over-production of connective tissue, which is contracting upon the liver cells and causing their destruction? We have therapeutic agents that will do this. We may use the phospates and phosphites, particularly the former, with a good prospect of success. The lacto-phosphate of lime and dilute phosphoric acid make a good combination Indeed, the best, in view of its ready assimilation, is the phosphate of lime; but, on account of its insoluble character, the question is how to introduce it into the system. When freshly prepared, it is soluble in lactic acid. In this form it is readily absorbed, and promotes digestion and assimilation. Phosphorus, you know, exerts an elective action upon the connective tissue of the liver; for in phosphorus poisoning we find the hepatic connective tissue in the state of fatty degeneration and destructive change. The metals, also, are generally thrown out by this channel, and in poisoning by the metallic salts, such as copper or antimony, the substance may be detected in this organ. In medico legal cases we always secure the liver, in order to examine it for poison. Arsenic particularly acts upon the hepatic structures, and after arsenical poisoning it may be detected in all the viscera, but is principally found in the liver. With this in view he shall have two drops of Fowler's solution three times a day, given after meals.

℞. Syrup. calcii lacto-phosphatis..... ʒj
Liq. potassii arsenitis..... ♏j
S. Ter in die.

We employ the arsenic in order to act upon the nutrition of the liver, and for its specific effect upon the connective tissue.

A most important part of the treatment in hepatic disorders is careful regulation of the diet. Here is the problem. Given a damaged liver, what shall be the alimentation in order to secure digestion and assimilation? Evidently his diet should mainly consist of such articles of food as do not require bile for their assimilation. Now, shall we direct him to eat fatty, saccharine, or starchy articles? If we understand anything whatever about the action of the different secretions upon the function of digestion in the upper portion of the small intestine, we know that the bile emulsifies fats and favors their absorption, it also prevents fermentation in the starchy and saccharine elements. We must,

therefore, give this patient substances that are converted into peptones in the stomach, and are thus readily absorbed. He shall have milk, fresh meat, eggs, and the succulent vegetables, such as contain but little sugar or starch (spinach, cabbage, cauliflower, etc.).

We will direct our patient to keep up the treatment systematically. It would be folly for him to expect that in a few days or weeks we will be able to entirely restore him; especially if he disobey our instructions in regard to alcoholic drinks, which must be absolutely discontinued. Unless he faithfully carries out his treatment he will go on from bad to worse until the organ will be irretrievably damaged. —*The College and Clinical Record.*

THE TREATMENT OF HYSTERICS.

Hysteria is a disease to which every woman is liable, and which every physician will be, some time or other, called upon to treat. Most of you will find it very hard, in most instances, to distinguish between hysteria and organic disease, for it in many instances mimics exactly grave structural diseases. There is no difficulty in forming a diagnosis when you meet a real hysterical attack, attended with screaming and groaning and kicking.

When you are called to treat a young girl with a hysterical attack, there are three things which you had better do: (1) Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. (2) Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac, with one grain of tartar emetic. (3) And this method of controlling the spasm will often act charmingly—take a good-sized lump of ice, and press it right down upon the nape of the neck. This produces quiet by its powerful impression on the whole nervous system.

When the attack is entirely under control, the best method of preventing the occurrence of another attack is to administer a full dose of assafetida—none of your small two or three grain doses, but ten grains, all at once.

There is everything in a doctor's manner in the sick room; and he who looks and speaks hopefully, saying: "take this, and you will get well," and "do that, and you will feel better the next moment," is much more likely to cure his patient than the man who magisterially goes through the motions, without a ray of light or hope in his face, "ordering this pill to be taken in half an hour," and "so many teaspoonfuls of that prescription to be given at such and such times."—*Dr. Wm. Goodell, in Clinical News.*

THE THERAPEUTICAL ACTION OF COLD.

A Lecture by W. H. Thomson, M.D., Professor of Therapeutics and Materia Medica in the Medical Department of the University of the City of New York.

Gentlemen: Remedical agents are of two kinds: First, drugs; and second, other therapeutic measures, such as temperature, electricity, etc. For the sake of convenience, we will here consider those remedial agents which are not drugs, and first, among them, we will study one of the physical forces or imponderables—cold.

Physically, cold is the absence of heat. Therapeutically, it is a positive agent, and has five actions:

1. Tonic.
2. Styptic.
3. Antiphlogistic.
4. Anæsthetic.
5. Antipyretic.

In the first three, cold acts only upon the vasomotor sytem as a pure irritant neurotic. In the last two it acts simply on physical principles.

COLD AS A TONIC.

We have said that cold, when it acts as a tonic, is an irritant. Every irritant produces a shock and causes an expenditure of the energy of the part irritated. The energy of the part irritated, therefore, becomes depressed; but this depression differs from that produced by a simple sedative, in that it is followed—provided the shock is not so great as to cause exhaustion—by a *reaction* to or beyond the condition in which the part was prior to the irritation. Thus, cold, as an irritant, affects the vaso-motor system and produces a shock which is followed by a reaction. In other words, this system is exercised, and all moderate exercise tends to strengthen the organ called into action, and permanently to improve its nutrition. Cold, then, is a vascular tonic, and may be used generally or locally. When the circulation is feeble, and there is loss of muscular power, the general use of cold will arouse the heart, restore arterial tone, and thereby improve the nutrition of the whole body. For this purpose either the dip-, shower-, or sponge-bath may be used, according to the strength of the patient, taking care never to cause exhaustion by its too frequent or too protracted use. A thorough reaction, as indicated by a glow of the skin, should always follow the bath, and never a sensation of lassitude or fatigue. When the irritant effect produced by the cold water alone is not sufficient, salt or some mild rubefacient may be added. If the patient is too feeble to bear even the sponge-bath, simple exposure of the surface of the body to cold air will often prove beneficial. In all cases reaction may be assisted by friction with a rough towel.

A cold douche to the nape of the neck is indicated in the following conditions:

1. When, after sunstroke, the arteries of the head remain dilated, and there is headache and dizziness on exertion or exposure to the sun.
2. In all cases in which headache is confined to one side, and is attended by dilatation of one temporal artery and suffusion of one eye.
3. In false croup, or the crowing respiration of children.
4. In tinnitus aurium, when the throbbing is synchronous with the beating of the heart, and the tympanic arteries are distended, the cold douche to the nape of the neck, aided by the internal use of hydrobromic acid, may afford relief.

Sponging the chest of a phthisical patient with cold water lessens the susceptibility to cold.

Local applications of cold water are useful in promoting absorption of inflammatory effusions and exudations in the subacute and chronic stages; also in restoring the balance of the circulation in the liver and spleen when enlarged in malarial poisoning.

The hip- or sitz-bath is useful in hemorrhoids, prolapse of the rectum, and congestion of the pelvic viscera.

COLD AS A STYPTIC.

As a styptic, cold acts by constringing the arteries through its influence on the vaso-motor nerves. It is preferable to astringent drugs or other hæmostatics, because it obviates the necessity of applying irritant substances to the bleeding part. Nor need the cold always be applied directly to the seat of the hemorrhage; for it will also affect distant parts in accordance with the laws of the vaso-motor system, the most important of which are the following:

First.—An impression on the afferent nerves of a given part will cause a variation in the calibre of the arteries of that part.

Second.—An impression on the afferent nerves of a given part will cause a variation in the arteries of all organs situated directly beneath that part.

Third.—In the case of organs which are in pairs and perfectly symmetrical, as the eyes, ears, hands, and feet (the lungs, kidneys, and testicles are not), variations in the calibre of the arteries of one will cause a similar variation in the other.

Fourth.—Variations in the calibre of the arteries of certain parts are accompanied by corresponding changes in the arteries of certain other parts, and these particular associations are to be determined by experiment: for example, the relation between the circulation of the feet and that of the pelvic viscera and the pharynx, and the relation of the circulation at the nape of the neck to that of the head and face.

The following instances will suffice to illustrate the application of these laws in the use of cold:

1. Cold water applied directly to a bleeding surface.
2. Ice-bags to the epigastrium to check hæmatemesis.
3. Holding any cold body in one hand to arrest hemorrhage in the other.
4. Cold foot-baths to arrest metrorrhagia.

In post-partum hemorrhage the best means of applying cold is by ether spray, for the sudden and intense impression produced causes effectual contraction of the uterus without chilling the patient. If ether spray is not available, cold water should be poured upon the abdomen from a height of two or three feet, the shock of the falling water materially assisting the action of the cold. Either of the above measures may be used for hæmoptysis.

COLD AS AN ANTIPHLOGISTIC.

As an antiphlogistic, cold may be used to arrest an acute inflammation, unless suppuration has occurred, or to prevent inflammation when threatened. This it does by causing a protracted constriction of the arteries, thereby preventing the active congestion essential to all acute inflammation. It should be invariably applied as dry cold, directly to the part affected, in sufficient intensity to relieve pain, and continued so long as the exciting cause exists. If, before the tendency to inflammation has entirely disappeared, a neuralgic pain occurs, it is a sign that the vaso-motor nerves have become exhausted, and the use of cold must at once be discontinued, or gangrene will result; moreover, the patient will feel more comfortable without than with the cold applications. This neuralgic pain is continuous, and, if the injured part be one of the extremities, it extends from the part injured toward the trunk. Inflammatory pain, on the other hand, is local throbbing, accompanied by local heat, and is relieved by more thorough applications of cold. In fractures, or other severe injuries near joints, the injured parts should be surrounded with pounded ice placed in pigs' bladders or rubber bags, two or three layers of perfectly dry muslin being placed between the skin and bags, lest the parts be chilled too suddenly. A bottle filed with ice-water makes a good antiphlogistic splint for injuries of the hand. Inflammation of the eyes may be controlled, and its spread from one eye to the other prevented, by means of cold applications. Ice-bags should be applied to the head and spine in epidemic cerebro-spinal meningitis. Cold applications will control the spread of erysipelas, and are the best means for relieving febrile headache. Headache from uterine trouble is best relieved by moist warmth. Cold should not be used antiphlogistically in

any acute inflammation of internal organs except peritonitis with vomiting, and meningitis.

COLD AS AN ANÆSTHETIC.

The use of cold as an anæsthetic depends upon its physical property of freezing tissue and deadening sensation without injuring vitality. It is most useful in operations where no great thickness of tissue is involved, as in opening abscesses, amputation of fingers, Cæsarean section, and ovariotomy. In all cases the action of the cold should be secured as rapidly as possible. Apply ether spray to the part alone which is to be operated upon. Anæsthesia is complete as soon as the skin becomes white and glistening.

COLD AS AN ANTIPYRETIC.

When the abnormal elevation of the bodily temperature is due to insufficient radiation of heat, as in some nervous disorders, it is not generally in itself dangerous; for it has been known to reach 123° F., and remain there for several weeks. But if, as in fevers, the rise of temperature depends upon excessive chemical changes, then the heat itself is injurious, causing arrest of gland-secretion, as well as extensive destruction of tissue. In every fever there is a certain point beyond which, if the temperature rises, certain structural changes will take place. The glands become affected with cloudy swelling, and fatty degeneration ensues, and the muscles affected in the same manner become remarkably brittle.

The point at which these changes occur differs in each fever. In scarlet fever it is 105° F., in typhoid fever 106° F.; in relapsing fever from 107° to 108° F.; and in erysipelas still higher. Beyond this dangerous point in each fever the temperature should not be allowed to rise, but must be lowered by the use of cold, the result of which is simply the abstraction of heat. This may be effected by immersion in a cold bath or by the cold pack. Place the patient in a bath at 75° F., and gradually cool the water down to 65° or 60° F.—never lower, and at the same time use cold affusions to the head continuously. At first the temperature will rise slightly, owing to the blood being driven from the surface of the body into the viscera, which are always a little warmer than the skin; but the bath should be continued until the temperature is reduced to 100° F., provided the fall is gradual—that is, one degree in six, five, four or three minutes. If it falls one degree in two and a half minutes, stop the bath when the temperature has reached 101° F.; for in most cases a further reduction of one degree will occur after the bath is discontinued. If the fall in temperature during the bath be one degree in *two* minutes, the patient should be taken out at once, whatever the actual temperature may be; for in such cases there is danger of the subsequent fall becoming uncontrollable, reaching perhaps 97° F., and the patient passing into collapse. Should this at any time occur, wrap the patient in hot blankets, apply hot saucers to the epigastrium, and give brandy or other stimulants.

When, for any reason, the bath is impracticable, the cold pack may be used, always, however, with the same precautions as in the use of the cold bath. First wrap the patient in a sheet wrung out of water at an ordinary temperature, say 70° F., and then lay on other sheets wrung out of ice-water. The cold bath or pack should be repeated often enough to keep the temperature below the point of danger for that particular disease. If necessary, use one every hour. If, however, two or three a day are sufficient, one should be so timed as to be given just before the highest rise of the fever-heat—that is, usually between two and three o'clok in the afternoon.

The contraindications to the antipyretic use of cold are hemorrhage from the bowels and notable variations of temperature from the regular course. Bronchitis and pneumonia are not necessarily contra-indications. *N. Y. Medical Record.*

RECTAL MEDICATION.

A new method. F. E. Stewart, P.H.G., M.D., in "*New Remedies*" for December, proposes the oleates for rectal medication and the rectal capsule, or cylindro-conical case of gelatin (suppository-shaped) as a vehicle. This vehicle, he says, is entirely unaffected by the heat of any climate, and yet is very soluble in the secretion of the rectum. The facility and rapidity with which the oleates are absorbed, has been abundantly verified, since they were first brought prominently into notice, by Prof. Marshall, in 1872. Some of the advantages of the capsule enumerated, are,—that it is ready for use immediately; that it liberates its contents in the rectum in three minutes after introduction; that it does away with the necessity of rectal injections, which by their amount, provoke the natural irritability of the rectum, often causing their expulsion, and also with the necessity of suppositories, the fat of which coats the bowel, and greatly retards absorption, as Dr. Ellerslie Wallace has proven. The medicine employed may be equally diffused in the oleic acid, if irritating; if it be mild and in the form of powder, soluble or with an active principle soluble in the rectum, it may be placed dry in the rectal capsule, for immediate insertion. The author states that this method has been thoroughly tested in private and hospital practice in New York and Philadelphia.

THE ACTION OF REMEDIES ON THE LIVER.

From the Chemist and Druggist.

Dr. William Rutherford, of the University of Edinburgh, assisted by M. Vignal and Dr. William J. Dodds, has for some time past been examining by scientific methods the effects produced on the liver and the biliary secretion of the dog by a long series of drugs. The investigation has been assisted by a grant from the British Medical Association, and a lengthy and interesting report has been published in recent numbers of the *British Medical Journal*. The following short account is founded on the summary of results. The authors state carefully that "all the conclusions are based on experiments performed on the dog, and have no reference to any observations made on the human subject." But in the few cases in which the results thus obtained have been relied on in suggesting experiments on men, the results seem to be trustworthy, and much light is thrown on the comparative action of remedies. It is impossible to avoid much disagreeable repetition in reports of this kind, but attempts have been made by classification to reduce this as much as possible.

Calomel stimulates the intestinal glands, but not the liver. Mercuric chloride is a powerful hepatic stimulant, and has only a feeble action on the intestinal secretion. When administered together the liver and intestinal glands are both excited.

Castor oil does not stimulate the liver, and croton oil does so but slightly. Both excite the intestinal glands.

Jalap is a powerful hepatic and intestinal stimulant, scammony very feebly excites the liver, gamboge stimulates the intestinal glands only.

Colocynth and ipecacuanha both largely increase the secretion of bile. Ipecacuanha slightly augments the secretion of intestinal mucus, while colocynth powerfully excites the intestinal glands.

Taraxacum and senna are both feeble hepatic stimulants. Rhubarb increases the secretion of bile—certainly though not largely; aloes is a powerful stimulant of the liver.

Podophyllin is "a very powerful stimulant of the liver," the bile secreted under its action retaining its normal percentage of solids.* If the dose be too large, the secretion of bile is not increased. It is also a powerful intestinal irritant. Eunonymin, sanguinarin, and iridin are all powerful hepatic stimulants, and they also increase the intestinal secretion, but not so violently as podophyllin. Leptandrin, baptisin, phytolaccin, hydrastin, and juglandin have similar but milder effects. Menispermin slightly stimulates the intestinal glands, but not the liver.

Magnesiun sulphate and manganese sulphate* stimulate the intestines, but not the liver; sodium sulphate has a considerable effect on the liver, and a lesser one on the intestinal glands; potassium sulphate is a hepatic and intestinal stimulant of considerable power, though its effect on the liver is uncertain, owing probably to its sparing solubility.

Sodium phosphate is a powerful hepatic and moderately powerful intestinal stimulant; ammonium phosphate is a moderately powerful stimulant of the liver, but does not excite the intestinal glands; Rochelle salt is a feeble hepatic, but a powerful intestinal stimulant.

Dilute nitro-hydrochloric acid is a hepatic stimulant of considerable power; sodium chloride is a feeble stimulant of the liver; ammonium chloride excites the intestinal glands but not the liver. Potassium iodide has no notable effect on the biliary secretion.

Calabar bean, in moderate doses, stimulates the liver; atropine sulphate antagonises its effect, but when given alone does not actually affect the secretion of bile. Morphia does not appreciably affect the hepatic secretion, and does not interfere with the stimulation produced by such a substance as sodium salicylate. Hyoscyamus resembles morphia in these respects. Pure diluted alcohol does not affect the biliary secretion, and jaborandi is a very feeble hepatic stimulant.

Lead acetate, in large doses, diminishes the secretion of bile, probably by direct action on the liver. Tannic acid does not affect the biliary composition.

* This result is singularly discordant with the observations of Dr. R. H. Goolden, which attracted considerable attention in the medical journals of the past year. For more than 35 years he had employed it with great success in cases of liver disease, especially those coming from the tropics. He was led to use it by a note in Pereira's "Materia Medica," then first published, to the effect that the stomach and intestines of rabbits killed by poisonous doses of the salt were found to be filled with pure bile. Dr. Goolden says, from 10 grains to a scruple will produce large bilious evacuations," and "produces no more irritation to the intestines or anal glands than is caused by a flow of bile."—Ed. C. &. E.

THE LATEST FROM TRUTH.

Dr. R—— was one who could seldom resist telling a good story, even when it turned the laugh against himself. On one occasion a man-servant, whom he had recently engaged, astonished him by appearing to wait at breakfast with a swollen face and a pair of unmistakeable black eyes. "Why, John," said he, "you seem to have been fighting?" "Yes, sir, I have," was the reply. "And who may your opponent have been?" "Why, sir, Dr. M——'s man," naming a rival Æsculapius. "And what did you fall out about, pray?" "Why, sir, he said as you was'nt fit to clean his Master's shoes." "And what did you say?" "Well, sir, I said as you was."

THE TREATMENT OF HÆMOPTYSIS.

Willis E. Ford, M.D., of Utica, N.Y., in a paper on hemorrhages from the lungs, read before the Oneida County Medical Society, Oct. 14, 1879, and published in the *Buffalo Medical and Surgical Journal*, Jan., 1880, says—

Where there is great relaxation of the walls of the blood vessels, with continuous oozing of blood, the so-called hemostatics do but little good. Dry cups to the chest are of immense service. Five or ten may be added at once, and repeated once or twice, if necessary. Next in importance is opium, given in such doses as to contract the pupils, to allay pain and nervousness, and to reduce respirations to from fourteen to seventeen per minute, and this should be continued for several hours after all hemorrage has ceased. Ergot is useful in connection with opium, for it undoubtedly assists in stimulating the vaso-motor nerves to give contractility to the arteries. Absolute rest must be enjoined in every case. Where there is any ulcerative process going on within the lung, and it is reasonable to suppose that the walls of a blood vessel have given way, then ice to the chest, together with ergot and opium, will do best.

In all cases of profuse hemorrage the patient should lie upon the sound side, pretty well over upon the face, and should avoid, as much as possible, the act of coughing, so that blood will neither settle backward into the air cells, nor be drawn in by forced inspiration.

Of course the after-treatment in those cases in which the pleura is involved is of vastly more importance than the immediate relief of symptoms; rest to the lung, so far as possible, should be secured. Counter-irritation by means of iodine or dry cups should be applied every other day, together with the administration of tonics, and in some cases stimulants.

TREATMENT OF CARDIAC DYSPNŒA.

Professor Sée (*Concours Med.*; from *Lond. Med. Record*, 1879) has found the iodide of potassium work well in all cases of continuous cardiac dyspnœa, particularly when this is connected with some structural lesion. It is equally useful in valvular lesions. No evil results can occur from its use, even if a mistake is made, and the affection is asthmatic. The iodine liquifies the bronchial secretion. The dose is twenty grains a day, gradually increased to two or two and a half scruples. A good formula is—

℞ Potas. iod., ʒ vss;
Syr. aurantii cort., fʒ iv.—M.

Sig.—Two to four teaspoonfuls a day in a tumbler of water.

Patients suffering from heart disease are more tolerant of iodide of potassium than other patients. The contra-indications to its use are—1, tendency to hemorrhage; 2, loss of flesh; 3, loss of strength; 4, loss of appetite. Opium may be added to prevent iodism. Another useful combination is digitalis with iodine, as one has a soothing influence on the dyspnœa by acting on the lungs, and the other increases the action of the heart and modifies the arterial tension. The following formula will be found to answer well:

℞ Potas. iod., ʒ ss;
Tinct. digitalis. fʒ ss;
Syr. acaciæ, fʒ iv.—M.

Sig.—Dessertspoonful four times a day.

When digitalis is unsuitable, chloral may be substituted.

MARITAL RELATIONS IN UTERINE DISEASE.

A factor in the etiology of uterine disease not always considered is the relation which the size and direction of the male organ assume in coition. An obstinate case of ulcerated os has been related to us by a medical friend, which resisted all treatment until the husband was directed to wear a large rubber ring during the marital relations, thus preventing intromission beyond a certain extent. The subject was lately brought before the Berlin Gynecological Society by Dr. Löhlein. He narrated a case of injury to the urethra, causing intense pain and dread of coition, produced by an erroneous direction of the penile organ. Unusual size or length of the organ is no doubt a frequent source of irritation, and until met by appropriate measures, such cases are next to incurable.—*Phil. Medical and Surgical Reporter.*

NITRATE OF URANIUM IN THE TREATMENT OF DIABETES.

J. Y. Dale, M.D., of Lemont, Pa., writes to the Boston *Medical and Surgical Journal* that he has found nitrate of uranium, given in from one to two-grain doses, three times daily, to be an efficacious remedy in diabetes.

REMEDY FOR CORNS.

Mr. Gezow, an apothecary of Russia, recommends the following in the *Pharmaceutish Zeitung* (says the *British Med. Journal*) as a "sure" remedy for corns, stating that it proves effective within a short time and without causing any pain: Salicylic acid, 30 parts; extract of cannabis indica, 5 parts; collodion, 240 parts. To be applied by means of a camel-hair pencil.

ASPIRATION FOR ABSCESS OF THE LIVER.

At the last meeting of the Medical Society of Virginia, Dr. J. Marion Sims read a paper on abscess of the liver (*Virginia Medical Monthly* for January, 1880). In it he gives an account of the operation by Dr. W. A. Hammond, of New York, on Dr. E. S. Gaillard, the well-known medical journalist, who was relieved of a very uncomfortable series of symptoms by the aspiration of an abscess in the right lobe of the liver, which Dr. Hammond had diagnosed from brain symptoms only. He also relates the subsequent history of another case operated upon by Dr. Hammond. The patient recovered health, went abroad, and having a recurrence of his former symptoms, by advice of Dr. Sims, consulted Dr. Brown-Séquard, who said positively that he had never had abscess of the liver. Subsequently a physician in the south of France wrote to Dr. Hammond for information, and having the history confirmed, repeated the aspiration with the same satisfactory results as before. Dr. Hammond has aspirated the liver for abscess twenty-six times in the last two years, and has drawn off pus in fifteen of these with good results to the patient's health. In the other eleven cases no bad effects followed the operation. He was, it is believed, the first to introduce this operation for the relief of the special hypochondriacal and cerebral symptoms often met with in this country and rebellious to all other treatment, and with the success that has followed it in his hands its employment is a notable advance in therapeutics. His method of diagnosis is to place the patient on the back, put the points of the index and middle fingers of the left hand between the eighth and ninth ribs, a little in advance of the line falling from the middle of the axilla; then by gentle percussion at a point about two inches above the umbilicus, a little to the right of the median line, fluctuation may be detected by the fingers of the left hand. His method of operating on the right lobe of the liver is to pass the aspirator needle, antisepticised with carbolized oil, through the intercostal space between the eighth and ninth ribs, and about an inch forward of a line dropped from the axilla to the pelvis, pulling up the skin beforehand so as to make a valvular opening. It may penetrate the liver one and a half to two and a half inches; if no pus is met with at the latter depth, it may be concluded that no abscess exists. Abscesses, it is claimed, rarely occur elsewhere than in the right lobe.—*Chicago Medical Gazette.*

A REVOLUTION IN THERAPEUTICS.

Attention is called to the original communication in the last number, on the action of mercury. Previous to the appearance of this paper, the therapeutic action of this drug had been mainly conjectural. The attempt had been made to explain it on the basis of vague hypotheses. It seems now to have been demonstrated that the salts of mercury, whatever be their form of administration, have a tendency, by reason of their unstable composition, toward decomposi- and never toward recombination, and that all of the salts are reduced to the form of metallic globules either before or soon after entering the circulation, except when administered in toxic doses. It seems clearly to have been demonstrated that the drug does its work, not in virtue of any catalytic or chemical property, but in virtue, rather, of the mechanical property of these microscopic globules of the metal. It is shown that these globules favor the elimination of morbiferous material by pushing it through the lesser tubules of the body in which it may have accumulated, and thence into the various excretory channels. In a word, the therapeutic action of mercury is mechanical. This paper will be found to have been based, not upon conjecture or hypotheses, but upon actual demonstration in the chemical and physiological laboratory and under the microscope. The discoveries brought out in this paper may prove important to histology and pathology, and especially to the pathology of syphilis. The conclusions of this paper, unless disproved, must necessarily lift the subject out of its obscurity and place it upon a definite scientific basis.—*Chicago Medical Gazette.*

THE VALUE OF WARM WATER IN SURGERY.

Dr. Goelet illustrates by cases the value of the use of warm water in erysipelas, especially traumatic; lacerated and contused wounds in general, but especially those of the scalp, which are so prone to take on erysipelas, and those of compound fractures, gun-shot wounds, and traumatic gangrene. The warm water may be applied in two ways, 1st, by means of the water bath, in which case the limb is submerged in water kept constantly at the same temperature (generally at about 100° F.), disinfected when so desired, and changed as often as necessary, about twice a day will generally suffice; 2nd, by means of hot fomentations, which consist of a layer of cotton batting, or two thicknesses of sheet lint, saturated with hot water (previously disinfected if so desired), applied closely and evenly to the part, and kept at a constant temperature by a covering of oiled silk. In this case it will be necessary to re-wet the dressing about every two hours, and change it twice a day, or oftener in cases where there is profuse suppuration. In cases of erysipelas the dressing must extend a little beyond the limit of inflammation.—*The American Journal of Medical Science.*

TREATMENT OF DYSENTERY IN CHILDREN.

Dr. Charles Bell, in the Edinburgh *Medical Journal*, September, 1879, after condemning the treatment recommended by Dr. Meigs for this disease, proceeds to say:—

The most useful treatment will be warm baths, poultices, and leeches, and small doses of calomel and James' powder, to be repeated every two hours until the fever subsides, and the bowels are gently moved, and their evacuations become more natural. If they are much tinged with blood, a few drops of the liquor ferri pernitratis, in a little sugar and water, may be given with advantage every three hours, the dose being from one drop upward, according to the age. It is only in the most extreme cases, when there is much pain, that opium should be given, and even then it should be in very small doses. If counter-irritants are to be had recourse to, which is doubtful, the most suitable are mustard poultices, or the spirit of camphor sprinkled on spongiopiline, and closely applied over the stomach. The diet should be light and nourishing as soon as the little patient shows any inclination for food. If stimulants are required, the best is a drop or two of brandy in a teaspoonful of milk, or a little port wine diluted with water.

LUNAR CAUSTIC IN THE TREATMENT OF OPHTHALMIA.

Dr. W. A. Macnaughton writes to the *Medical Times and Gazette:* There are certain inflammatory conditions of the eye which, owing perhaps to constitutional causes, are often very perplexing in their treatment. There is, for example, no complaint of its kind more obstinate than the scrofulous ophthalmia of children. In these, and in all cases where the simpler remedies have failed, I would recommend the application of the solid nitrate of silver to the supra-orbital surface as a speedy means of cure. Seeing that the remedy is applied in close proximity to the affected organs, it will be admitted that this is a more rational mode of relieving ocular inflammation than the distant counter-irritation behind the ears recommended in the more obstinate forms of this disease. As a matter of fact, I have observed excellent results in cases where the irritation and intolerance of light had persisted for months. The mode of application is simple. The caustic point is firmly applied over an inch or so of the previously moistened integument above the affected eye, but when both are concerned, I cauterize a narrow strip across the whole supra-orbital region. This causes a slight smarting sensation at the time, which soon passes away. The stain which results can readily be removed afterward with a strong solution of iodide of potassium. It is advisable, while this treatment is being progressed with, to exclude the light from the eyes by means of a shade.

AN IMPORTANT DECISION.—DR. MALLORY. VS. THE ONTARIO MEDICAL COUNCIL.

The Canada Lancet for January says: The plaintiff, Dr. Mallory, a Canadian graduate, who subsequently qualified and registered in England, applied to the Council of Ontario for registration. This was refused, and the Dr. issued a process in the Court of Queen's Bench calling upon the Council to show cause why he should not be registered. The case was heard before Chief Justice Hagarty, who recently gave his decision in favor of the plaintiff. The learned judge was pretty severe upon the Council, and warned that body not to attempt to extort a four hundred dollar registration fee from duly registered British graduates who desire to practice in Ontario.

SPEEDY CURE OF NASAL POLYPI.

To the Editor of the (*N. Y.*) *Medical Record.*

DEAR SIR:—The painless method of removing nasal polypi, never before made public by the originator, is an apology for taking a small space of your valuable journal.

Mr. G. M———, æt. 60, ten years ago applied to me for relief from a soft polypus in the left nostril. I proposed evulsion; but not liking the proposition, he left, and I never heard of him until last May, when he returned with another polypus in the same nostril. I advised evulsion once more; he declined it again, and desired me to cure him the same way as did Dr. G. Ceccarini the first time (ten years ago). On inquiry, Dr. C. kindly answered: "The medicine which I use for removing nasal polypi is four or five drops of pure acetic acid injected with an hypodermic syringe within the body of the polypus once only, very seldom twice; the polypus generally drops off within three or five days without discomfort or pain. Disinfecting lotion will correct the offensive odor." With this information, on the 12th of August, in presence of my friend Dr. J. L. Little, I injected the polypus with six drops of chemically pure acetic acid, and instantly we saw the discoloration of it from red to white. Business preventing him from returning, I could not observe the daily progress; but when he called on September 2d, he had only a small portion of it yet adhering to the middle turbinated bone, the other having dropped off the fourth day after the injection; this remaining portion was injected with four drops of the same acid, and

on the third day dropped off, leaving his nose clear, without sore or a vestige of it. Neither of the two operations were followed by any unpleasant symptoms, save a slight smarting from the pricking by the needle when the acid was injected. The offensive odor arising from the decaying mass was corrected by a weak carbolized wash. The long interval from the destruction of the first and the appearance of the second—ten years between—precludes the possibility of this last being a portion of the first, but a new one.

Respectfully yours,
S. CARO.

17 West Ninth St., N. Y.

HOOPING-COUGH.

Dr. J. J. Caldwell's mode of treating this disease (*Brit. Med. Jour.*) is to place a steam atomizer in a position on a table before the patient, charged with the following mixture: ℞ Extracti belladonne fluidi, gtt. vi—xij; ammonii bromidi, ʒ j; potassii bromidi, ʒij; aque destillate, fl. ℥ ij. This spray is rapidy carried over into the face, mouth, and lungs of the child, and applied ten to fifteen minutes, until the pupils are dilated by the effects of the belladonna mixture. The applications are made morning, noon, and bedtime. This has, it is said, cut short the spasmodic cough within two or three days uniformly and almost to a certainty.

HENNING ON THE APPEARANCE OF THE TONGUE IN DISEASE.

From London Medical Record.

1. The elongated and pointed tongue invariably indicates irritation and determination of blood to the stomach and intestines. The extremities are often cold. It is also associated with excitation of the nerve centres. This tongue is often found, but more especially among children. The indications are to allay irritation and divert the blood from the stomach and bowels. We should be very careful how we make our prescription in such cases, if we give an irritant cathartic it invariably aggravates the disease.

2. The pinched and shrunken tongue indicates atony of the digestive organs, often found in dyspepsia and kindred diseases. The treatment is plain, the pathological conditions being evident at a glance from the appearance of the tongue.

3. The coating (*saburra*) or fur should be well studied. It may be greater or less in thickness, dry or moist, or clammy, more accumulated at the posterior portion. It is said that when the tongue is heavily coated at the base with a deep yellow coat the liver is at fault. This is not always the case, and from my observation m[illegible] often not the case. I have seen cases of jaun[illegible] with a white-coated tongue. Tobacco c[illegible] nearly always have a yellow-coated tongue, and their liver may be sound.

4. The dry tongue has a very important significance. When we have patients who are suffering from some form of fever, pneumonia, or any other acute disease, with such a tongue, they are in danger and require close attention. In such cases nutrition and assimilation are suspended and food cannot be taken, and if taken cannot be properly assimilated. When given it should be in fluid form, and always above the temperature of 100°, and of a character nutritive and digestible. The digestive organs can do but little work, yet proper food given at proper intervals does good, but these organs need all the rest they can get until the disease is subdued. Dryness of the tongue is also associated with vascular excitement, and particularly with excitation of the ganglionic and nerve-centres. Hence the arrest of secretion and this dryness. Here we readily read the state of the nervous system. In many cases the sympathetic nerve is not only excited and irritated, but there is involuntary contraction of muscular tissue, thus suspending the secretions of the several organs. The indications are proper sedatives for the vascular excitement and diaphoretics for contractions or excitement of the nerves, associated with other proper treatment. By this course we shall soon see our patient with a moist tongue and some of the secretions re-established.

5. Often the tongue changes in the disease from the dryness above referred to to a brown or black color, with sordes about the teeth. The common idea is that the system is in a typhoid condition. This is true, yet it undoubtedly means also that the blood is in a septic condition—a very important fact for us to know. Then our best antiseptics should be given, with stimulants and tonics. Thus we can readily read, from the appearance of the tongue, the condition of the digestive organs, function of nutrition and assimilation, the condition of the nervous system, and the state of the blood. Of course we must take all other symptons into consideration. Yet the appearances of the tongue as pointed out seldom fail in giving us at a glance valuable information as to the true condition of the system.

SOUP.

Sir Henry Thompson, in the *Nineteenth Century*: Some regard it as calculated to diminish the digestive power, on the theory that so much fluid taken at first dilutes the gastric juices. But there appears to be no foundation for this belief; a clear soup or the fluid constitution of a *purée* disappears almost immediately after

entering the stomach, being absorbed by the proper vessels, and in no way interferes with the gastric juice, which is stored in its appropriate cells ready for action. The habit of commencing dinner with soup has without doubt its origin in the fact that aliment in this fluid form—in fact ready digested—soon enters the blood and rapidly refreshes the hungry man, who after a considerable fast and much activity sits down with a sense of exhaustion to commence his principal meal. In two or three minutes after taking a plate of good warm *consommé* the feeling of exhaustion disappears and irritability gives way to the gradually rising sense of good-fellowship with the circle. Some persons have the custom of allaying exhaustion with a glass of sherry before food—a gastronomic no less than a physiological blunder, injuring the stomach and depraving the palate. Soup introduces at once into the system a small instalment of ready-digested food and saves the short period of time which must be spent by the stomach in deriving some portion of nutriment from solid aliment, as well as indirectly strengthening the organ of digestion itself for its forthcoming duties.

THE FIRST INSENSIBILITY FROM ETHER.

For the short operations of minor surgery, and the reductions of dislocations, or opening of abscesses, it is extremely useful and of every-day application. Such a patient wishes to be operated upon without pain, or, from being incapacitated from attending to business during the remainder of the day. He lies down upon the sofa, and with one hand places the ether inhaler, on a sponge wet with ether, over his face, mouth and nose, and holds the other arm and hand up in the air.

This arm, after the ether has been breathed for a few minutes, will drop, and from thirty to fifty seconds of unconsciousness will be had, in which to operate. The sponge being removed, the patient is ready to go about his business. It gives rise to no headache, nausea, or other unpleasant symptoms, and is particularly useful in children. The chief source of disappointment is in not recognizing the right moment, for, if this is allowed to pass, unconsciousness will not occur until full etherization. The first insensibility is sure to come. When the arm moves, be ready, and as soon as it drops perform the operation; no pain will be felt.—*Medical Times.*

BLEACHING SPONGES.

This may be done without injuring the texture by first soaking them in a solution of muriatic acid, made by adding a pint of acid to a gallon of water; this dissolves out the limestone, shells, etc. After this, rinse thoroughly, and then immerse the sponges in a solution of permanganate of potassa, containing an ounce of the latter to a gallon of water. Wring out the sponges, and put them into a solution made from one pound of hyposulphite of soda, one gallon of water, and one ounce of muriatic acid. This will immediately bleach them, after which they should be well washed with water to remove all traces of acid, etc.

A REMARKABLE CASE OF MALPRACTICE.

The *New York Hospital Gazette* gives the history of one of the most extraordinary procedures which has come to its knowledge. A patient affected with anchylosis of the cervical vertebræ falls into the hands of a homœopath, who evidently possesses about as much knowledge of his profession as an old woman. The deformity caused by the anchylosis is so great that the patient's head touches his chest. The physician, or, rather, attendant, accepts the patient's diagnosis of "rheumatism," concludes that the trouble is in the muscles, and advises an operation for the removal of the deformity. On the appointed day the patient is etherised, and his body and shoulders bound to the table by bandages. Additional bandages having been applied to the head, traction was made on these with all the strength that two men could exert, until the neck was straightened. During the pulling, sudden cracking noises were heard twice, but this caused no alarm to the surgeons (?) present, who continued their efforts, and finally succeeded in taking a human life by breaking the man's neck. The ancholysed union was fractured, and the patient died on the table.

If (says the *Hospital Gazette*) cases such as this do not incite the people to insist upon a higher standard of attainments for those to whom their lives are entrusted, we do not believe that college conventions, societies, or learned addresses delivered periodically by men connected with diploma mills will have the slightest effect. The case referred to gives evidence of the grossest ignorance and most barefaced assumption on the part of a person duly accredited an M.D. by the State laws. It is thus proven that the law fails to properly provide for the lives of the people by granting a licence to practise to men of this stamp, who, in defiance of all knowledge of anatomy, surgery, and pathology, apply the rude principles of mechanics to correct the deformities of a fellow-creature. We should expect more from a barbarian, about as much from an idiot.

COLD AND HOT WATER IN POST-PARTUM HEMORRHAGE.

Dr. Lombe Atthill says (Dublin *Journal Medical Science*) that in the lying-in hospital of Dublin this method has been adopted as a regular routine treatment.

The method of carrying out the practice is exceedingly simple. An ordinary syphon syringe is the only instrument required, though we now use one with a long vulcanite nozzle specially constructed for vaginal and intra uterine injection. This is carried up to the fundus, and, with the usual precautions against injecting air, and securing a free return, we inject water as hot as can be conveniently borne by the hand—*i. e.*, 112° F.—in a full stream into the cavity, continuing thus until a good contraction is secured, and the water returns quite clear and colorless.

The following are some of the results of our experience in the use of hot water :—

1st. In cases of sudden and violent hemorrhage in a strong and plethoric woman, it is better first to use cold.

2d. Where from the prolonged or injudicious use of cold, the patient is found shivering and depressed, the beneficial effect of injecting hot water is rapid and remarkable.

3d. In nervous, depressed and anæmic women, hot water may at once be injected, without previously using cold.

4th. In cases of abortion, where from uterine inertia the ovum, although separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by most satisfactory results.

5th. Where the injection of the perchloride of iron is considered necessary, previous injection of hot water clears the uterus of clots, etc., permitting the fluid to come directly in contact with the bleeding surface, and lessening the chance of septic absorption.

FORMULA FOR GUAIACUM.

As a good combination for administering this drug, a correspondent of the *British Medical Journal* recommends—

℞. Tinct. guaiaci (Ph. U.S.A),
Liq. potassæ, aa ♏ xv
Glycerinæ, ʒ j
Aquam cinnamomi, ad ℥ j. M.

This is a clear solution, mixing with water in all proportions, and disguising the burning flavor of the drug.

VINEGAR AS A POST PARTUM HEMOSTATIC.

At a meeting of the American Gynecological Society, Dr. Penrose, in a paper on vinegar as a remedy in the treatment of post partum hemorrhage, presented the following advantages:

1. It could be easily obtained.
2. It could be easily applied, and instantly, without special apparatus.
3. It always cured the hemorrhage, at least it had not failed in his practice.
4. It was sufficiently irritating to excite the most sluggish uterus to contraction, and yet not so irritating as to be subsequently injurious.
5. It was an admirable antiseptic.
6. It acted on the lining membrane of the uterus as an astringent.

The remedy was applied as follows: saturate a rag with vinegar, carry it into the cavity of the uterus and squeeze it.

In the vast majority of cases the hemorrhage ceased as if by magic, when the vinegar passed over the surface of the uterus and vagina. It could be easily repeated if the first application failed.—*Cincinnati Medical News.*

TREATMENT OF RHEUMATISM BY IODIDE OF POTASSIUM AND OPIUM.

I have been in the habit of using, both at home and abroad, iodide of potassium in large doses—five to twenty grains every three hours, with ten grains of Dover's powder at night. I have pursued this practice for at least thirty years—*i. e.*, since the remedy was first introduced, and have treated many hundred cases on this system without disappointment or failure, and generally the treatment only lasts a week or ten days, even in acute articular rheumatism. I have a case now just recovered, of articular rheumatism in the shoulders, elbows, knees, ankles, etc., which under this treatment was convalescent in a week. Mustard plasters, if applied the first day the pain is felt, will stop rheumatism at once, without medicine; where mustard fails, blister may be used. In a late case of very severe rheumatism in the joints, I found cold water was the only thing which gave relief, locally applied.

In rheumatic inflammation there is a deposit of lymph into the joints and tissues, which, if not removed speedily, becomes hard and organized, causing severe pain by its pressure. Iodide of potassium has the power of removing this deposit by absorption, and is, to my mind, the most scientific and appropriate remedy that can be used. It has the great advantage of not exposing the person taking it to cold, which the old calomel and opium treatment did, by opening the pores of the skin. Another advantage of this treatment is that complications seldom follow. In fact, I have seldom seen it ocurs when this remedy has been freely used in the beginning of the disease.—*Dr. Barton in London Lancet.*

INNOCUOUSNESS OF CERTAIN HEART LESIONS — ACUTE ARTICULAR RHEUMATISM — SALICYLIC ACID AND ALKALIES.

A clinical lecture delivered in Bellevue Hospital, by AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College.

GENTLEMEN:— When this man was admitted to the hospital he had general dropsy, cardiac hypertrophy with murmur, and pallor, but no dyspnœa, cyanosis, nor suffusion of countenance. There was no evidence of renal affection. The general dropsy was of cardiac origin. It has disappeared under the use of half-ounce doses of the infusion of digitalis administered every three hours. And we may now ask ourselves, what is the explanation of this man's good condition, with hypertrophy and valvular disease of the heart? When we read his history, we find the explanation in certain facts, which go to show that there is not enough cardiac disease to produce the dropsy; but that certain accessory circumstances taken in connection with the cardiac lesions, produced it, and, that these accessory circumstances being removed, the cardiac lesions alone remaining, the dropsy has disappeared. I think this case will prove a very useful one in illustrating what I wish to impress — namely, that certain heart lesions are so well tolerated that the patient makes no complaint of symptoms having reference to the heart, provided we can control all accessory circumstances which, added to the cardiac affection, produce certain effects, such as dyspnœa, dropsy, etc. That is the practical point which this case exemplifies. Naturally, an unfavorable prognosis is usually given in such cases as this.

Now, let us obtain the physical signs relating to the heart. The apex beat can be felt in the sixth intercostal space, an inch and a half to the left of the mammary line, and there is a corresponding increase in the area of cardiac dulness. There is a murmur which begins after the second sound, and ends abruptly with the first, and is limited to a circumscribed space around the apex of the heart—a presystolic, or mitral direct, or mitral obstructive murmur. There is no other murmur. In this case, then, a certain degree of mitral obstruction has led to enlargement of the heart, and that hypertrophy and valvular lesion are borne by the patient perfectly well when in good general condition, but not when in the bad general condition to which his history refers; that is, he was anæmic, felt weak, was poorly nourished, and general dropsy, to a considerable extent developed. But the repose of the hospital and the regular nourishment which he has received, and the digitalis—for he had feeble action of the heart, just that condition which furnished the indication for the use of that drug, without salines, without alcoholics—apparently produced free secretion from the kidneys, which undoubtedly tended to cure the dropsical affection, and whatever of serious trouble proceeded from the cardiac disease.

I will now read the history of the case, and it will at once become apparent what the accessory circumstances were which contributed to the development of the condition which he was in when he entered the hospital.

He is twenty-four years of age, and a moulder by occupation. He says he never had rheumatism. I have had occasion to observe this particular murmur many times in patients who have never had rheumatism. He has been a moderate drinker for several years, but during the three months immediately preceding the development of the general dropsy, being out of employment, he went on "daily sprees," and was exposed to cold and all the vicissitudes incident to such a career. In that fact we find sufficient reason why a young man of this age should become sadly depreciated in vital force; and in it also we find the etiology of the factors of the condition associated with the cardiac disease.

The valuable practical lesson to be learned from this case is this: the danger from enlargement of the heart with mitral obstruction is estimated beyond the importance of those lesions. If this man has sufficient sense to enable him to appreciate the importance of regular habits of life, will abstain from the use of alcoholics, and do such work as he can do with comfort, that affection of the heart may be of service to him. The lesson is, that the cardiac affection is well borne, and may continue to be well borne indefinitely, if the associated circumstances do not produce an impoverished condition of the general system.

ACUTE ARTICULAR RHEUMATISM—THE ALKALINE TREATMENT AND THE TREATMENT BY THE USE OF SALICYLIC ACID—CARDIAC COMPLICATION.

CASE II.—James C——, an Italian laborer, æt. 30, was admitted to the hospital January 23d. His mother died of causes unknown to him. He has five brothers living and healthy. His habits are good, and he has always enjoyed good health until three years ago, when he had an attack of rheumatism attended with great pain in the knees and feet, and the joints of both lower extremities were red, swollen, and hot. It was seven months before he fully recovered from this attack, and to his knowledge no cardiac lesion was developed at that time. On January 7th he began to suffer from pain in the right shoulder, wrist, and thigh.

Symptoms relating to the joints, such as were noticed in the previous attack, again developed. On January 17th began to suffer from an "uneasiness" in the cardiac region, most sev

about the middle of the sternum. A physical examination revealed a mitral systolic murmur, soft and blowing in quality, and not conveyed into the carotids; and to the left of the nipple a pericardial friction sound was heard. Salicylic acid was given every three hours in twenty-drain doses. Opium was administered in such doses as were necessary to relieve the pain and give the patient rest.

This case is interesting from the fact that there has been only one attack prior to this, and that we have no history of cardiac complication occurring at the time of his previous sickness. It is also interesting from the fact that he is going through his present cardiac complication with but little inconvenience, and with the effusion of so slight a quantity of fluid in the pericardium. In some cases the only evidence of pericarditis we have is the friction sound, but it does not necessarily imply effusion of fluid. The dulness on percussion in the præcordial region is most marked in the fifth intercostal space, to the right of the sternum. Now, to distinguish between pericardial dulness over an effusion of liquid, and enlargement of the heart, is an important point. It is done by physical signs. In enlargement of the heart the enlarged area of dulness is chiefly to the left of the sternum; it extends to the right of the sternum, but little beyond the normal situation of the right border of the heart. At the lowest point of this area, on the left side, the apex beat is felt, or the first sound has its maximum at that point. On the other hand, the enlarged area of dulness from pericardial effusion extends more or less to the right of the sternum; the apex-beat, if felt, is above the lowest point of the area; the heart-sounds are distant, and the first sound is feeble, short, and valvular.

SALICYLIC ACID AS AN ANTI-RHEUMATIC REMEDY.

But to return to our clinical history: there is an important point in practical medicine to which I wish to direct your attention, and it consists in the use of salicylic acid as an anti-rheumatic remedy.

It seems to me that it should not supersede the alkaline treatment which has been employed to diminish the liability to cardiac complication. It has not as yet been proved that salicylic acid has any effect in the way of preventing cardiac complications except by way of shortening the duration of the rheumatic fever. I have had occasion to observe several cases of pericarditis occurring in the course of cases of articular rheumatism under treatment by the use of salicylic acid exclusively.

Because a remedy has been found that apparently causes the disease to abort occasionally, or, if not that, shortens its duration, we are not to relinquish the accepted alkaline treatment, but should carry it to its full extent as we have been accustomed to do heretofore. The alkaline treatment does not exert a marked effect upon the duration of the disease; but the weight of evidence showing that it diminishes the liability to pericarditis and endocarditis is overwhelming. Fortunately, the two plans of treatment do not conflict with each other.

ACUTE ARTICULAR RHEUMATISM — REPEATED ATTACKS—TREATMENT BY SALICYLIC ACID AND BICARBONATE OF SODA—NO CARDIAC COMPLICATIONS.

CASE III.—This case has certain points of interest clinically, and also illustrates the two plans of treatment referred to for acute articular rheumatism.

John M——, æt. 28 years, single, was admitted to the hospital on the 25th. His habits have been good. He does not remember any severe illness except rheumatism, from which he suffered severely five years ago. The attack began in the feet, and soon extended to all the large joints. He was then confined to his bed most of the time for four months. This was a duration which, at present, we are unable to explain. Recovery, however, finally took place, and he enjoyed a good degree of health up to five weeks ago, when he was again attacked by rheumatism. He entered the hospital, and was discharged at the end of three weeks. He was out of the hospital three days, when he returned suffering from the present attack of rheumatism. When admitted, his temperature was 104° F; his urine was scanty, acid, sp. gr. 1034, but no albumen. The apex of the heart was beating in the sixth intercostal space, a little to the left of the mammary line, and there was a very slight mitral systolic regurgitant murmur. This murmur was recognized when he was admitted to the hospital five weeks ago, and is probably due to the rheumatic attack from which he suffered five years ago. But since his last admission to the hospital, notwithstanding the severity of the attack, it has not increased in intensity, nor is there any evidence of cardiac complication. In the early part of the renewed attack he was placed upon the use of salicylic acid in doses of twenty grains three times a day, and one ounce of the saturated solution of bicarbonate of soda. He so far recovered—now, at the end of six days—as to be able to come up to the amphitheatre. He is receiving a nutritious diet and moderate doses of quinine, and doubtless what cardiac affection exists will prove innocuous if accessory conditions are properly controlled.

CIRRHOSIS OF THE LIVER, WITH HYDROPERITONEUM—ALL MEDICINES STOPPED—DIETETIC CHANGE.

CASE IV.—Owing to the fact that my hour has nearly expired, I will merely present this patient with a special reference to one point in

her clinical history. I will not enter into details, but at once say to you that she has cirrhosis of the liver, with hydroperitoneum. She has suffered from this affection more or less for some time, and the cirrhosis is clearly traceable to the great cause of that affection of the liver—namely, a certain method of using alcohol. Some time ago, three and half quarts of fluid were drawn from the abdominal cavity by aspiration. I am inclined to think that this is the best method of removing fluid from the peritoneal cavity. She then took diuretics for a while. The aspiration was made on the 20th of November. At the present time, December 11th, there is but little liquid in the abdomen, and the point in the clinical history to which I especially direct your attention, is what occurred between the date of the tapping and the present examination.

The diuretic mixture upon which she was placed after the aspiration consisted of infusion of digitalis, sweet spirits of nitre, and bicarbonate of potash. For a time, the daily quantity of urine passed was increased, and then the apparently favorable action of the diuretic ceased. While the patient was taking the diuretic mixture freely, the daily quantity of urine discharged was 5, 12, 13, 12½, 10, 12, 17, 18, 16, ounces, and although an increase from what it was previous to the aspirations, the desired effect was not produced.

On December 1st *all medicinal remedies were stopped*, and the patient was placed upon a full milk diet. The quantity of urine passed during the next twenty-four hours was 19 ounces; and we find recorded 39, 36, 30, 56, 54, 50, 70, and 69 ounces as the quantities passed on the days immediately following. Under the influence of the milk diet, the quantity of urine passed daily was at once increased, and the increase has been sustained up to the present date. Before December 1st the patient took but little milk, and had only a poor appetite. Since that time her general condition and appetite have greatly improved.

In clinical medicine there is nothing more important than to call into exercise our best judgment regarding *discontinuance* of medicinal treatment. I have been made aware of the fact that there is danger of error in the medicinal mind in *two* directions: first, we may be over-confident with regard to the efficacy of medicines. There are those who have such unbounded confidence in the efficacy of drugs that they never see the natural course of a disease. This error should be avoided. The opposite error, also, is to guarded against; namely, an over-distrustfulness regarding the benefits to be derived by the use of medicines. In the treatment of all chronic cases it is an excellent plan to occasionally cease all medicinal measures, and study the effect produced. The withholding of all medicines, and the dietetic change, have, in this case, yielded the most satisfactory results. The patient is now taking six pints of milk daily.

THE TAMPON IN ABORTION.

For the last twenty years my reliance has been on a junk of alum in the vagina. If this is not at hand I take the next best thing that is; but a junk of alum is a part of the contents of my medicine-box. It is of the size of a large hen's egg, ovoid in shape, and generally left a little ragged, though without sharp points. Around the middle is cut a groove, about which is tied a bit of strong, but not large, twine, leaving the ends so that they can hang out of the vagina. No preparation is necessary nor any exposure of the person needed. The egg is introduced end-way, turned half around so as to bring the long diameter across the vagina, and pushed downward and then upward against the os. In some cases, especially if the canal is large, I back the egg with sufficient packing to secure its retention in position. If the vagina be small and close, there may be no need at all of the supplementary support.

This treatment is easy, speedy, and effectual against further hemorrhage. It has never failed me, and I leave a patient with the feeling that she is safe for the next twelve or fifteen hours, so far as danger from further bleeding is concerned. And I may add that I have never had any unfavorable effects follow its use in any one of the scores of cases in which it has been employed—no fevers, no septicemia, no deaths, no anything untoward—and I have never had occasion to use it the second time in any one case. It can be removed when desirable, either by traction on the cord or by the introduction of the fingers, the coagulated blood fished out, the vagina syringed, and the case further treated as circumstances may require.

Perhaps this is nothing new; but, as it is something I have not seen mention made of in any of the standard works that have come under my observation, nor in special papers, nor have ever heard of in the lectures of the schools, I venture to submit it to your columns, and through them to professional notice.—*R. W. Griswold, M.D., in the Louisville Med. News.*

FOR SORE NIPPLES.

℞ Tannin..... 3 j.
Sub-nit. bismuth..... 3 ij.
Vaseline..... ℥ j.

M. Sig. To be applied constantly when the child is not nursing.—*Dr. Howell.*

TREATMENT OF NASO-PHARYNGEAL CATARRH.

J. Solis Cohen, M.D., in *Medical News and Library:*

The most important element in the treatment is thorough removal of the accumulated mucus. This should be done daily, and is often alone sufficient for the cure of simple inflammatory cases. The retained secretion and the decomposed gases irritate the diseased membrane still further, thus keeping up and intensifying the morbid condition; moreover, breathing the foul air impairs the general health, and even sometimes leads to slow septic poisoning.

For the removal of the discharge, a solution of salt in tepid water (3j to Oij) is usually employed. In mild cases this may be snuffed into the pharynx through the nasal cavities very effectively; otherwise it may be applied by means of the syringe, spray-apparatus, or Thudicum's nasal douche. In using the douche, the mouth should be open, and the patient cautioned not to swallow, lest the fluid be forced through the eustachian tubes and produce otitis media if the fluid be warm; however, there will be but little danger, even should such an event occur. About one quart of the solution should be used once or twice a day. The fluid may also be injected from behind by means of a curved syringe.

Frequent applications have to be made to the posterior portion of the nasal passages; this may be done by means of a rectangular probe, firmly attached to the end of which is a small piece of sponge saturated with the medicament (as, for instance, equal parts of glycerite of tannin and compound solution of iodine). For this operation the mouth should be well illuminated, and tongue depressed with a spatula. The sponge should be forced into first one posterior nasal outlet and then, after waiting a few minutes, into the other. This application is to be repeated three times a week. Another method of local treatment, in which a medicated solution is retained in contact with the parts for from twenty to thirty minutes, is by flexible bougies made of gelatine impregnated with the remedy (as gr. ij sulphate of zinc and gr. ss carbolic acid). The bougie gradually dissolves in the nasal cavity. To prevent its dropping into the throat, a string is passed through it, which is attached to the patient's ear.

Ulcers are rare in simple inflammatory catarrhs, but frequent and often extensive and deep in tuberculous, scrofulous, and syphilitic subjects.

After cleansing the nasal passages, their interior may be examined before a good light, by drawing the wing of the nostril aside, with a hair-pin bent into the form of a hook, which is as efficient as any nasal speculum.

In constitutional diathesis, appropriate constitutional treatment is necessary, and the removal of foreign bodies is a *sine qua non* of cure.

INFLAMMATION OF THE BLADDER.

The best remedies to administer internally when vesical irritation and inflammation exist are gelseminum, belladonna, sulphate of magnesia, and pinus canadensis. If the pain be great, choose gelseminum; if the irritation will not admit the presence of a teaspoonful of urine in the bladder, give small doses of sulphate of magnesia; if too much urine be secreted (diabetes), administer pinus canadensis; if the kidneys secrete irregularly, belladonna is indicated. It is not to be supposed that no other agents are "specific" in cystitis, for every experienced practitioner knows of others. However, enough have been mentioned to begin with.

Such agents as are known to be diuretic in their action should not be administered in cystitis; better give those agents that tend to restrain urinary secretion. Spices are especially to be avoided. A man or woman having cystitis is made worse by taking stimulants and aromatics. Gin is occasionally prescribed, in urinary troubles, but oftener with bad results than with good.

But the most valuable part of the treatment of cystitis is the use of laudanum and starch in the rectum. Let from twenty to sixty drops of tincture of opium be mixed with two ounces of starch mucilage, and thrown into the rectum with a syringe. This enema may be repeated two or three times a day. Those unacquainted with the quieting effects of this agency in irritation of the bladder and cystitis, will be happily surprised when they carry the plan into operation. No internal medication through the stomach can equal in curative effects these sedative and emollient enemas. In addition a bag of hot sand may be placed between the thighs, near the perineum, and a hot dinner-plate may be frequently placed upon the hypogastrium. By medicating the pelvic viscera and surroundings the stomach may be kept for food and drink. Sedative medicines injure the appetite and digestion. Run as few remedies through the stomach as possible, unless they be peptics.— *Southern Medical Record; N. O. Med. Jour.*

WHEN TO RUPTURE THE MEMBRANES.

When the woman in labor is a multipara, you may generally rupture the membranes with impunity, after a fair dilatation of the os. But in the case of a primipara you must not rupture them until after full dilatation has taken place.— *Dr. Goodell,— Western Lancet.*

ERGOT AND SODIUM BROMIDE IN EPILEPSY.

Prof. Bauduy reports a case of epilepsy of sixteen years' standing which was cured by giving twenty grains of bromide of sodium with half a drachm of fluid extract of ergot three times a day. This treatment was continued a year and a half, and four years have elapsed without the recurrence of a fit.—*So. Med. Record.*

SALICYLATE OF SODA IN CHOREA.

In case of chorea, in a child of seven, Dr. S. Weir Mitchell gave the following prescription for more than a month, and apparently with decided advantage, each dose containing—℞. Sodii salicylat., gr. x; glycerinæ, ʒ j; spts. lavendulæ, ♏ v; ol. gaultheriæ, gtt. ½; aquæ, q.s. ad., ʒ ss. Given three times a day.

He has been experimenting in this case and in a number of others concerning the effects of salicylate of soda in chorea, and it looks as if the experiment would prove to be of some value.—*Med. and Surg. Rep.*

PYROGALLIC ACID IN HÆMOPTYSIS.

In the Dublin *Medical Journal*, for December last, Dr. A. Vessy speaks highly of this agent in hæmoptysis, metrorrhagia and other internal hemorrhages. He says:

Pyrogallic acid appears to me to have the following advantages: The dose is small; it does not disarrange the stomach in the way that the usual gallic or tannic acid mixtures do; it is easily taken, and has no disagreeable after-taste. It appears to be more rapid and certain than any of the remedies mentioned above, and far surpasses the time-honored acid infusion of roses, or pil. plumbi cum opio. It dissolves readily in water or in spirit. A spirit solution of definite strength affords a convenient and ready method of administration.—*Medical Brief.*

TREATMENT OF THE FUNIS.

Dr. Goodell recommends the following:—As soon as the child cries lustily the cord is cut, and, the umbilical portion being firmly held by the thumb and forefinger, the free end is "stripped" of Wharton's jelly and of any blood that may remain in it. Any blisters of Wharton's jelly which still remain unemptied by this process of "stripping" are nicked, and their contents squeezed out. After the removal of the pressure of the thumb and forefinger all bleeding usually ceases, and then the cord is tied. No subsequent dressing is thereafter used, for the cord rapidly dries without smell and drops off without leaving a sore behind.—*Medical Record.*

ECZEMA INTERTRIGO OF INFANTS.

℞. Plumbi acetatis, gr. xxx; acidi acetici diluti, ʒ ij; glycerinæ, ʒ iss; Aquam rosæ, ad. ʒ viij. M.

Wash the sore parts well with soap and water, dry carefully, then apply the above.

Dr. H. B Hodges writes to the *British Medical Journal*, that in hundreds of cases, during a quarter of a century of practice, he never knew the above to fail to cure the disease. He us no internal medication.—*Med. and Surg. Rep.*

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MONTREAL, JUNE, 1880.

NEW DISPENSARY IN MONTREAL.

A new Free Dispensary has been started in Point St. Charles district, Montreal. The following medical gentlemen have been elected on its staff. *Consulting Physicians:*—Drs. Hingston, Craik and E. H. Trudel. *Attending staff:*—Drs. T. A. Rogers, T. J. Alloway, M. M. Seymour and J. J. Guerin. The district in which this dispensary has been opened contains a number of poor persons, and to them it will prove of much service.

OBITUARY.

AUGUSTUS P.M. CORBETT, M.D.

We regret to notice the death of Surgeon Major Augustus P. M. Corbett, M.D., Surgeon of the Prince Consort's own Rifle Brigade, which melancholy event took place in England on the 25th of March last. Dr. Corbett was a native of Kingston, and son of the late Sheriff Corbett, of that town. He began his studies as

a student of St. Lawrence School of Medicine in Montreal, and that school closing, Mr. Corbett transferred his attendance to McGill College, and graduated from that school in 1854. He at once proceeded to England, and entered the Army Medical Department, going to the Crimea almost immediately, where he saw much service. On the conclusion of the Crimean War he was ordered to India, arriving in time to participate in the suppression of the Indian Mutiny. In 1870, when the Rifle Brigade was stationed in Montreal, he was Surgeon of that Regiment, accompanying it to St. Johns during the Fenian raid in May of that year, and acting as Chief Medical Officer of the large force then gathered on the banks of the Richelieu. Dr. Corbett was possessed of many excellent qualities, and we are sure there are not a few still living among his old class mates who will hear of his death with regret.

A ROYAL PHYSICIAN.—Charles Theodor, of Bavaria, the royal prince, has just been regularly admitted to practice as a physician. He is a specialist of some renown in eye-diseases. He has practiced for several years with considerable success, and has been at the disposal of his many patients at all hours of the night and day. He is a generous as well as a wealthy man, and to his poorer patients gives not only medical advice but substantial help. The prince is the brother of the Empress of Austria, the Queen of Naples, and the Duchess of Alencon, and on the death of his elder brother will be at the head of the Bavarian ducal line.

PERSONAL.

The following changes have taken place in the Medical Faculty of Bishop's College,

Dr. David having resigned the Deanship and the Professorship of the Theory and Practice of Medicine, has been re-elected Dean and Emeritus Professor of Practice of Medicine.

Dr. F. Wayland Campbell has been transferred from the chair of Physiology to that of Practice of Medicine.

Dr. Wilkins has been appointed Professor of Physiology and Pathology, and Lecturer on Histology.

Dr. Perrigo has been appointed Professor of Surgery in place of Dr. Slack resigned.

Dr. J. C. Cameron has been elected Professor of Medical Jurisprudence and Lecturer upon Diseases of Children, in place of Dr. Perrigo, transferred to the chair of Surgery.

Dr. A. Lapthorn Smith has been appointed Demonstrator of Anatomy, in place of Dr. Brodie, who leaves Montreal to settle at Honolulu, Sandwich Islands.

Dr. J. Leslie Foley has been appointed Assistant Demonstrator of Anatomy.

Dr. Leprohon has resigned the Professorship of Hygiene in Bishop's College.

Dr. Brodie, Demonstrator of Anatomy at Bishop's College, was entertained at a dinner at the Metropolitan Club, on the 20th of May, on the occasion of his departure for Honolulu, Sandwich Islands, to which place he has gone to settle and commence practice. During his short sojourn in Montreal, Dr. Brodie made many professional friends, who wish him every prosperity in his new and distant home.

Dr. Jenkins (C.M.,M.D., Bishop's College, 1879) has commenced practice in Montreal.

Dr. James Bell, late house surgeon, Montreal General Hospital, has commenced practice in Montreal.

Dr. G. W. Nelson (C.M.,M.D., Bishop's College, 1879), after a year's practice with Dr. Cotton of Mount Forrest, as his assistant, has removed to Marbleton, Que., where, at the request of a number of the inhabitants, he has commenced practice. On leaving Mount Forrest, Dr. Nelson was the recipient of a warm testimonial from Dr. Cotton, as to the general esteem in which he was held by all who came under his professional care.

Wolford Nelson (M.D., McGill and Bishop's College, 1871) left New York, May 23, *en route* for San Francisco, via Panama.

Dr. Gill (C.M.,M.D., Bishop's College, 1880) has settled in Drummondville, Que.

Dr. Riordan (M.D.,C.M., McGill, 1880), has been appointed Surgeon of the Allan S.S. Hibernian.

Dr. McDonnell (M.D.,C.M., McGill, 1880, and Gold Medalist) has settled in Montreal.

Dr. H. B. Chandler (C.M.,M.D., Bishop's College, 1880, and Gold Medalist), has commenced practice in East Boston, U. S.

Dr. E. Labrie (C.M.,M.D., Bishop's College, 1880), has commenced practice in Gaspé.

THE CANADA MEDICAL RECORD.

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CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

The Social Duties of the Medical Profession, by Casey A. Wood, C.M., M.D., Professor of Chemistry, Medical Faculty Bishops University, 253—Foreign Body in the Nostril, by A. Lapthorn Smith, M.D., M.R.C.S., &c., Demonstrator of Anatomy in Bishop's College.....257

PROGRESS OF MEDICAL SCIENCE

Powder for the Ulcers of Herpes, 258—Treatment of Sea Sickness, 258—Remedy for Corns, 258—Professor Fournier on Alopecia, 259—The Summer Diarrhœa of Adults, 260—Measles not a Trivial Disease, 263 Coccygodynia, 266—Points in the Surgery of the Urinary Organs which every Practitioner ought to know, 266—Treatment of Hemorrhoids, 267—Iodoform in Otorrhœa, 268—Delirium Tremens—Treatment of, 269—Treatment of Lumbago, 269—Sciatica—Chloroform Hypodermically, 269—Quintuple Birth, 270—Dangers of Habitual Headache, and of Intellectual Exertion of the Exhausted Brain, 270—Viburnum Prunifolium in Threatened Abortion, 271—Indications for Turning, 271—Choice of Purgatives.....271

EDITORIAL.

To our Subscribers, 272—Medico-Chirurgical Society of Montreal, 273—Grand Trunk Dining Cars, 273—Tri-annual Meeting of the College of Physicians and Surgeons, Province of Quebec, 274—Lactopeptine, 274—Personal, 275—Reviews, 275—Pharmaceutical Association of the Province of Quebec.....276

Original Communications.

THE SOCIAL DUTIES OF THE MEDICAL PROFESSION;

Being the Faculty Valedictory to the Class of 1880.

By CASEY A. WOOD, C.M., M.D.,

Professor of Chemistry, Medical Faculty Bishops University.

You may readily imagine, if you cannot actually realize, the sense of responsibility experienced by the Faculty Valedictorian as he rises to say the customary words of farewell to the members of the graduating class. The knowledge, gentlemen graduates, that I am to address to you the last sentences of advice and instruction that will fall, in an official way at least, from the lips of the medical staff of this University, makes me specially desirous that my words should meet the requirements of this almost solemn occasion.

Having given the matter my earnest consideration, I have thought it well to depart from the usual course and address you on a subject that, while it is of the greatest moment to you, may not be uninteresting to those who are gathered here to witness the conferring of your degrees.

In a scarcely more than casual manner I referred, in a previous farewell address, to what may be termed some of the outside work of the medical man. Perhaps when this former address was written the expression "outside duties" may have been applicable in a much greater degree to the medical profession than it could be now, since it is an undoubted fact that along with continual yearly additions of knowledge concerning rare, and possibly new, forms of disease, there is growing up a tendency in medicine to claim as her own proper ground much that was formerly regarded as professional *terra incognita*. If this be true, you will at once perceive the importance of discussing these matters, not only because what is to-day debatable territory may, in the near future, be your legitimate fields of labour, but because your studies have, in most instances, fitted you for entrance upon these duties—some of which I propose to notice.

You cannot have failed, even from the beginning of your studies, to have been struck with the fact that a great deal of the suffering in this life, not only of a physical, but of a moral nature, has its origin in causes that are absolutely preventible. To this may be added the hope of many men, and the belief of a few others, that the discovery of the causes of other diseases will, in time, suggest means for their prevention, even if they are susceptible of cure. It is with this last division that I would fain class you while I endeavor to point out some wide-spread troubles whose increase you can assist in arresting. Moreover, the medical man, at the outset,

has need of a faith of this kind, because his first experience of professional life undoubtedly tends to drive him in the direction of a narrow pessimism.

The preventible character of the great majority of ills of humanity and the fact that they are self-inflicted will be abundantly shown if we consider a few of them. Prominent among the social questions upon which you should be competent to speak is that of intemperance. I do not give this matter a first place in the list of medico social problems because I consider it to be the most important, but because at the present time it occupies so large a share of public attention. What, then, does science tell us about the effect of alchol when used as every day drink?

You will notice, I do not enquire what are the peculiar ideas of certain enthusiasts concerning this matter, but rather what is the result gained by calm, scientific investigation of the effects of alchol on mind and body? And in the same spirit, I answer, science condemns, as perfectly unjustifiable, the use of alcoholic beverages by those in perfect health. Manifestly this is not the place to consider at length the arguments for and against—if you would study the question in all its bearings, let me advise you to read carefully Dr. W. B. Richardson's treatise "On Alcohol:" (*a*) but I would merely say that the conclusions arrived at, many years ago, by Carpenter still hold true. "It is," said he, "through the medium of the *water* contained in the animal body that all its vital functions are carried on. No other liquid than water can act as the solvent for the various articles of food which are taken into the stomach. It is water alone which forms all the fluid portion of the blood, and thus serves to convey the nutritive material through the minutest capillary pores into the substance of the solid tissues. It is water which, when mingled in various proportions with the solid components of the various textures, gives to them the consistence which they severally require. And it is water which takes up the products of their decay, and conveys them, by a most wonderful and complicated system of sewerage, altogether out of the system. It would seem most improbable, then, that the habitual admittance of any other fluid—especially of one which, like alcohol, possesses so marked a physical, chemical and vital influence upon the other components of the animal body—can be otherwise than injurious in the great majority of cases: and where a benefit *is* derivable from it, this will depend upon the fact that the abnormal condition of the system renders some one or more of the special actions of alcohol *remedial* instead of *noxious*, so that the balance becomes, on the whole, in favour of its use." (*b*) You will observe, then, that the use of alcoholic beverages in health is a scientific inconsistency which you should not only yourself never be guilty of, but you are, it seems to me, also bound to discountenance the custom among your friends and patients. It will not be necessary for you to consider the undoubted facts that, directly and indirectly, strong drink is the curse of many a man's moral debasement and physical ruin, that the habit is as useless as it is pernicious—these are, more properly, weapons to be handled by the press and by the pulpit; it is enough for you to know simply that there are unanswerable psychological and physiological reasons why men should not drink. And, before leaving the subject, I am obliged to confess that it is much easier to condemn an evil than to suggest an effective remedy for it, and so shall we find that prohibitory liquor laws, temperance societies and agitations, public lectures and private warnings, produce effects that are, to say the least of them, very discouraging, because the roots of this modern upas tree grow deeper into the soil of society than most of us imagine, and they derive their nourishment from sources little suspected. But you must neither be disheartened because of this, nor should you allow yourself, on account of it, to neglect any opportunity or abandon any attempt to lessen intemperance and its consequent evils. It is not that your efforts to put down drunkenness will be of no avail, but simply that you are almost certain to underrate the magnitude of the work, and to hope for a temperance harvest before the seed is fairly sown.

Closely connected with useless indulgence in alcohol is the intemperate employment of food. Who shall calculate the vast amount of personal

(*a*) Six Cantor Lectures.

(*b*) Use and abuse of Alcoholic Liquors, pp. 170 and 171, W. B. Carpenter, M.D., F.R. S.

misery and wretchedness that arises from dyspepsia? It has been claimed that simple indigestion is answerable for more unhappiness, and has done more to lessen the proper enjoyment of life, than any other malady. What a number of persons one meets with suffering from this perfectly preventible disorder! I do not suppose that ten per cent. of the Anglo-American race are entirely free from it. Think of what such a statement means—of the bright and hopeful dispositions spoiled—of tempers soured—of lives rendered miserable! But sadder yet it is to know that dyspeptics, in the vast majority of cases, have only themselves to blame. They have not been content to eat too much, and too often, and too fast, but they have heaped insult upon injury by devouring what they know perfectly well cannot agree with them! Need we wonder if, after years of indulgence in this species of folly, the much abused stomach finally refuses to put up with further outrage? As you know, there are cases of hereditary dyspepsia, where the invalid cannot be held accountable for the sins of his ancestor, but they are exceptions to the rule. In pleasing contrast to these unwelcome facts stand the agreeable truths that most cases of indigestion are capable of being cured—and, let me add, a still larger number might have been altogether prevented. But who will do the work of teaching the people what they shall eat and how and when they shall eat it? My answer is—the members of our profession; and you graduates of Bishop's College must not forget this duty in the seemingly more important business of your daily life. No body of men could be more desirous than the Medical Faculty of this University of seeing a perfect system of sewage introduced into every city and town of Canada. It was they who first made hygiene one of the compulsory subjects of examination, and I am sure none of you will neglect to urge the adoption of public sanitary measures upon the community you have chosen as your future sphere of usefulness; but there are other hygienic laws of almost equal importance, which should not be overlooked, since their observance will conduce still further to the health, comfort and happiness of those who obey them, while neglect is certain to be followed by those penalties nature never fails to inflict. I refer to personal hygiene, for in guarding against dangers from without the social encampment let us beware of troubles arising within. Such matters as proper dress, exercise, correct amount of sleep, bathing, quantity and quality of breathing air, the cleanliness of the house and its temperature—these are by no means subjects of minor importance, and you must not consider them beneath your notice, because the density of the ignorance that everywhere prevails regarding them is equalled only by the difficulties you will encounter if you attempt to inaugurate a better state of affairs. For instance, sad experience will shortly teach you that not a few people will take no exercise worth speaking of, who keep their houses at a temperature daily varying from 40° to 85° Fahrenheit, and who abuse their minds and bodies in every conceivable manner—that these are the first to work themselves into an extreme state of excitement over a defective drain or a suspicious subterranean smell. I strongly suspect that the medical profession is chiefly to blame for this *hysteron proteron* aspect of affairs; and while on this subject, that there may be no misconception as to the exact relation sewage odours bear to contagious and infectious diseases, I ask your attention to an extract from a report of Mr. Simon, Medical Officer to the English Privy Council, as he may be considered a very high authority. "An important suggestion," he writes, "of modern science, with regard to the nature of the operations by which filth, attacking the human body, is able to disorder or destroy it, is, that the chief mortific agencies in filth are other than those chemically identified stinking gaseous products or organic decomposition which force themselves on popular attention. Exposure to the sufficiently concentrated forms of organic decomposition (as for instance, in an unventilated old cesspool, or longblocked sewer) may, no doubt, prove immediately fatal, by reason of some large quantity of sulphide of ammonium, or other like poisonous and fœtid gas, which the sufferer suddenly inhales; and far smaller doses of these fœtid gases as breathed with extreme dilutions in ordinary atmospheres, both give immediate headache and general discomfort to sensitive persons temporarily exposed to them, and also appear to keep in a vague state of health many who habitually breathe them; but here, so far as we yet know, is the end of the potency of these stinking

gases. "While, however, thus far there is only the familiar case of the so-called *common chemical poison*, which hurts by instant action and direct proportion to its palpable and ponderable dose, the other and far wider possibilities of mischief which we recognise in filth are such as apparently must be attributed to *mortific ferments* or *contagia*, matters which not only are not gaseous, but, on the contrary, so far as we know them, seem to have their essence, or an inseparable part of it, in certain solid elements which the microscope discovers in them in living organisms, namely, which in their largest sizes are but very minute microscopical objects, and at their least sizes are probably unseen even with the microscope; organisms which, in virtue of their vitality, are indefinitely self-multiplying within their respective spheres of operation, and which, therefore, as in contrast with common poisons, can develop indefinitely large ulterior effects from first doses which are indefinitely small. Consequently the question what infecting powers are prevalent in given atmospheres should never be regarded as a mere question of smell. It is of the utmost practical importance to recognize in regard of filth, that agents which destroy its smell may yet leave all its main powers of disease-production undiminished."

To this we may add an observation of Tyndall's that "drains and cesspools are by no means in such evil odour as they used to be. A fetid Thames and a low death-rate occur from time to time together in London. For if the special matter or germs of epidemic disorder be not present, a corrupt atmosphere, however obnoxious otherwise, will not produce the disorder. But, if the germs be present, defective drains and cesspools become the potent distributors of disease and death. Corrupted air may promote an epidemic, but cannot produce it. On the other hand, through the transport of the special germ or virus, disease may develop itself in regions where the drainage is good and the atmosphere pure." (*c*)

It should ever be a matter of congratulation that sanitary improvements, and the decreased mortality from epidemics, which they have brought about, have undoubtedly tended to lessen the average death-rate. This may well encourage us to redouble our efforts in the future, but at the same time it is desirable that we should not overlook the yearly increase of mortality in the cases of disease of the brain and heart. The total number of deaths of males from heart disease in England rose from 5,746 in 1851 to 13,428 in 1870, and while the rate per 1,000 was ·755 in 1853, it was 1·085 in 1870. And this increase, let it be remembered, was altogether confined to the working years of active business and social life, warning us that in this age of steam and electricty not to kill ourselves in the race for wealth, position or power. I say *race* advisedly, because it has often been noticed that people do actually walk faster than in former times, as if to keep pace with the mental strain and excitement characteristic of the times. (*d*)

And so with insanity, also on the increase amongst us; and here, too, let there be no mistake regarding the method of production of this dreadful disease. "People," says a celebrated alienist, "are apt to talk as if they believed that insanity might be got rid of were only sufficient care taken to prevent its direct propagation by the marriage of those who had suffered from it, or were likely to do so. A vain imagination assuredly! Were all the insanity in the world at the present time clean swept away to-morrow, men would breed it afresh before to-morrow's morrow by their errors, their excesses, their wrong doings of all sorts." (*e*)

And here this recital had better end, not that the list of self-inflicted human woes is completed by those I have mentioned, but that I wound fain hope enough has been said to make you reflect and act upon the inflection that man is capable of preventing, if not of curing, a majority of his ills, because he has been the main cause of them. If we refuse, as I think we may, to believe in *inevitable* evils, or rather if we feel that many of the worst afflictions that degrade the race are susceptible of elimination, it is surely our duty to inquire what *we* can do to prevent, and what we can do to permanently cure. What can medical men do towards a permanent lessening of the evil of this life? I

(*c*) Fragments of Science, p. 144.

(*d*) See, for example, Sir Henry Holland's "Recollections of a Past life."

(*e*) Henry Maudsley in the "Fortnightly Review" for August, 1879.

can only point you to two very ancient and very good methods, the first of which is *precept* and the second *example*, and I know of no other means to so desirable an end, nor have I much faith in those Utopian schemes so frequently and so authoritatively promulgated in these days. I would prefer that you should harbour no ideas incapable of realization; I would not have you waste the summer of life in dreaming of millennial days that come not, but would rather find you engaged in faithful, earnest work to hasten the coming of that time in the far off future when man, no longer ignorant, will realize, in a much more intelligent manner than he seems to learn to-day, the sure and inevitable punishment that follows a transgression of Nature's laws. Now I do not need to be reminded that

"Knowledge comes, but Wisdom lingers"—

and that observance of a law does not of necessity follow one's aquaintance with it; indeed, if we required an apt illustration of this melancholy truism, I would quote a writer who, in speaking incidentally of the slight extent conduct is affected by knowledge, observes "how amazingly little the teachings given to medical students affect their lives, and how even the most experienced medical men have their prudence scarcely at all increased by their information." (*f*) If such an example teaches us with what difficulty and how slowly human nature is modifiable, it does not, fortunately, prove that it is not capable of almost indefinite modification. Who can say what may be accomplished by even a small number of individuals if they were only true to themselves, and would work faithfully and honestly—not only teaching men how to live, but setting them the higher example of a good life. Your duty is a plain one. You have each one of you life lessons to teach, doing so with the belief that some time in the future men will stop to ponder them, and to act upon them as if they were true. But not now. Large advances in human nature are not to be looked for in our generation, but it should be quite enough for us to believe that they will come, just as we know that, in nature, the vastest results are brought about by accumulated actions of forces minute in themselves. The actinic rays of the solar beam build up the solid parts of the stem, the leaf, the bud and the flower only by innumerable impulses of the light waves, but each wavelet does some part of the work. It required the testaceous coverings of Foraminifera and fragments of the shells of Mollusca in countless millions, deposited during geological ages, to form the vast limestone rocks characteristic of the Cretaceous Period, and yet each broken shell and each microscopic fragment of calcic carbonate added something to the stupendous work. And so with us. Each one of us singly can do but little to secure the permanent alleviation of human suffering, and yet that little is worth doing—well. And the very doing of it will bring its reward. The sentiments of the Lord of Ephesus will find an answering echo in your hearts:—

"'Tis known, I ever
Have studied Physic, through which secret art,
By turning over authorities, I have
(Together with my practice) made familiar
To me and to my aid, the blessed infusions
That dwell in vegetives, in metals, stones;
And I can speak of the disturbances
That nature works and of her cures; which gives me
A more content in course of her delight
Than to be thirsting after tottering honour,
Or tie my pleasure up in silk bags
To please the fool and death." [*g*]

And when you have decided to be something else than mere drug-distributors—when you recognize the value of your profession as a great social power for good—then, and only then, will you begin to realize the wise and noble words of Descartes, that if it be possible to bring the human race to a state of perfection it is to the medical profession we must look for the means. (*h*)

Gentlemen, farewell!

(*f*) "The Study of Sociology," by Herbert Spencer, page 121.

FOREIGN BODY IN THE NOSTRIL.

By A. Lapthorn Smith, M.D., M.R.C.S., Eng. &c., Demonstrator of Anatomy in Bishop's College.

While holding the position of House Surgeon of the East London Children's Hospital at Shadwell I had frequent opportunities of meeting with cases of the above accident; and, as it often happened that the subjects of it had already been under the care of one or more

[*g*] Shakespeare's "Pericles," Act iii, Scene 2.

[*h*] "S'il est possible de perfectionner l'espèce humaine, c'est dans la médecine qu'il faut en chercher les moyens."

surgeons for the treatment of the symptoms to which the presence of the foreign body gave rise, without a cure being effected, I think the following case from my own private practice may be of interest.

Mrs. G. consulted me in March last about her little boy, aged 3 years, who, she said, had been troubled with catarrh for the last four months. She stated that it had begun in November with a "cold," for his nose was stuffed up, and there was a profuse watery discharge from the right nostril. At the end of a month the discharge had become purulent and so foul smelling that she took him to a druggist, who gave her some patent catarrh remedies, several of which she faithfully tried without avail. Becoming alarmed by the profuseness of the discharge she consulted a doctor who gave her a wash with which to syringe the nose. This only had the effect of rendering the odor less disagreeable, so after a month or six weeks of this treatment she abandoned it; but, as the child was losing its health very perceptibly, she shortly afterwards came to me. I told her that I would have *to examine the child's nose with an instrument*, at which she seemed much surprised, as neither the druggist nor the doctor had suggested anything of the kind. I found the right nostril very much enlarged, inflamed, and impervious, and by the aid of a wire speculum and probe, I soon discovered a foreign body completely filling the passage. I was prepared to give chloroform if necessary, but, before doing so, I made an attempt to extract the dark brown mass with a pair of double-acting urethral forceps, which I have found very effective in these cases, and easily succeeded, much to the astonishment of the mother and child, in withdrawing a large piece of rotten hardwood, soaked with blood and pus.

In two or three days the ulceration was entirely healed, and thus a case of ozœna of 4 months' standing was completely cured.

In Holmes system of surgery (1861, p. 256, vol. II.) although several cases similar to the above are given, in one case a screw an inch long being the offending body, yet the following rather paradoxical paragraph appears: "Foreign bodies introduced into the nose cannot excite the same dangers as in the former situation (the ears). They may in general be readily removed either with the polypus forceps or the scoop. The only danger attending the operation is that of breaking the spongy bones or of pushing the substance backwards into the pharynx. Let it be remembered that, in children especially, there is no cause for anxiety nor haste; the extraneous body will work its own way out, the surrounding parts receding so as to widen the passage by which it entered."

Would it not be much better to give the child chloroform, and, after dilating the nostril with a speculum, to remove it at once, and save the child from suffering which, in one recorded case, extended over a period of three years.

Progress of Medical Science.

POWDER FOR THE ULCERS OF HERPES.

Prof. Fournier recommends that the ulcerated vesicles of herpes should be washed several times a day with Labarraque's solution diluted with equal parts of water, and then covered with a pad of wadding charged with a powder composed of subnitrate of bismuth, four parts, calomel and oxide of zinc, of each one part. If the eruption is extensive, absolute rest is necessary, and bran baths, together with the internal use of opiates and bromide of potassium, should be administered —*Med. Times and Gaz.*

THE TREATMENT OF SEA SICKNESS.

Frederic W. Cory, late Surgeon Eastern and Australian Mail S. Co., writes to the *Lancet*: As every contribution toward the treatment of *mal de mer* is generally welcomed, I beg to state the result of two years' experience, for the most part in the tropics. The best remedy I have found is a combination of small doses of the bromide of potassium and hydrate of chloral taken with the citrate of magnesia during effervescence. Spirits of sulphuric ether may be sometimes added if there be much prostration. I may say that this remedy has only failed me in one case.

REMEDY FOR CORNS.

Mr. Gezow, a Russian apothecary, recommends the following as a "sure" remedy for corns, stating that it proves effective within a short time, and without causing any pain—:

Salicylic acid	30 parts.
Extract of Cannabis indica . .	5 "
Collodion	240 "

To be applied by means of a camel's-hair pencil.

PROFESSOR FOURNIER ON ALOPECIA.

[Abstract of a Lecture delivered by M. Fournier, reported in the *Gazette Hopitaux.*]

Alopecia is an affection, he observes, concerning which the physician is constantly persecuted, and upon which prejudices prevail that it is of importance to remove, especially as regards the supposed relations between alopecia and syphilis. After adverting to alopecia as dependent upon lesions of the hairy scalp, the diagnosis and treatment of which are easy, he proceeds to say that there are five classes of alopecias unconnected with such lesions, viz., senile and precocious alopecia, the alopecia of convalescence, cachectic alopecia, syphilitic alopecia and pelada.

1. Senile and Precocious Senile Alopecia.—This is one of the consequences of age, commencing generally between thirty-five and forty years of age, but varying greatly in this respect; so that while old persons sometimes retain a luxuriant head of hair, others lose it prematurely, an abundant fall of the hair commencing at thirty, twenty-five, or even earlier. The causes of this precocious alopecia are various: First among these stand gout and arthritis, so that is a sign *par excellence* of the gouty diathesis. Next may be mentioned all debilitating causes having a prolonged action, excesses of all kinds which lead to a progressive wearing of the forces of the economy, intellectual labor, the abuse of women, onanism, habitual watching, excess at table, etc. We may meet with it just as well in the *savants* of the institute as in those who abuse mundane life. Thirdly, anxiety, intense grief, preoccupations, wretchedness, or imprisonment may prove causes of alopecia. But there are questions which we do not understand about it, as why men are infinitely more predisposed to it than women, and why certain families are more liable to it than others. There are influences of race and blood which remain unexplained; and why, in the absence of all debilitating causes, all diatheses, or any excess, it appears in individuals living under the best hygienic conditions is a mystery. These two forms of senile alopecia are distinguished by three principal characteristics: 1. It is slow and progressive, not devastating the head in the course of some weeks or months, but proceeding slowly so as to occupy some years; 2. It is systematized, having its special well-circumscribed seat, the vertex, the precise place of the ecclesiastical *tonsure*, and toward the forehead, on the antero-superior part of the cranium, always respecting the lateral and posterior parts. The baldness is surrounded by semi-circle of hair, stretching from the temples to the nape; 3. It is symmetrical, being absolutely regular and elegant in its form, affecting both sides precisely alike, so as not to stretch even a centimeter to one side more than the other. "There is nothing ridiculous or malformed about it, and it confers upon the physiognomy an expression of wisdom, experience and venerability. It adapts itself marvelously to certain heads which would be deformed by a wig, and is the severe beauty represented in sculpture by the classic head of Æschylus."

2. The Alopecia of Convalescence.—A great number of serious diseases are followed by baldness. After typhoid fever the hairs almost always fall in profusion; as also after eruptive fevers, erysipelas, bad phlegmons, typhus, and pneumonia. This may occur also even in a completely physiological condition, many women losing their hair after delivery, although the labor may have been quite normal. This peculiarity it is of importance to mention, and it must nowise be attributed to syphilis or any other affection. The characteristics of the alopecia of convalescence are: 1. The rapidity of its occurrence, supervening in a few weeks; 2. Its generalization and absence of systematization, it choosing no particular region, but occurring at the right or left, or everywhere; 3. Its general moderation, as, even in severe cases it never produces complete baldness; 4. It is only temporary and reparable. When the hair falls during convalescence it shoots up again. The occurrence of this form is explained by the disturbance of nutrition produced by the disease and by the conditions which have given rise to this. It is an analogous phenomenon to that observed in the nails, in which a transverse depression or thinning of the nail takes place from defective nutrition during disease. So with the hair, imperfectly nourished at its base, the pilous bulb, it becomes less adherent, not failing during the course of the disease, but after it.

3. Cachectic Alopecia.—This supervenes in all diseases which create a deep-seated and chronic disturbance of the economy, in pulmonary phthisis and the other forms of tubercular affections, in cancer, in organic affections, cirrhosis, impaludism, diabetes, and in the dartrous and syphilitic cachexiæ. It is a general, disseminated alopecia, attacking all the hairy scalp at once. All the hairs are dull, dry, pulverulent, having lost their lustre like the hairs of a corpse.

4. Syphilitic Alopecia.—Syphilis often gives rise to alopecia, and certain prejudices prevail respecting it which the following considerations may dispel: First, at what period of the disease does it appear? When a man forty or forty-five years of age becomes bald it is not uncommonly said that it is due to an old pox, or that he is suffering for the sins of his youth. Nothing can be more false. So far from being a delayed manifestation, baldness is a symptom of recent syphilis, supervening usually three, four, or six months after infection. Usually it follows the first signs of secondary symptoms,

toward the third or fourth month, although sometimes when treatment is postponed it is delayed until the first or second year. It then supervenes as a symptom of ulcerative syphilides; but cachectic alopecia may occur at any period of syphilis. Occasionally appearing as a consequence of papular syphilide of the scalp, secondary alopecia in the great majority of cases is unconnected with any such lesion. It may appear in any of the forms of the disease, whether benign or malignant; but still it is most usually met with in grave secondary syphilis accompanied by asthenic symptoms, emaciation, and general debility. The fall of the hair takes place without any inflammation, pain, or itching, and occurs indiscriminately at any part of the head, sometimes merely thinning the hair, and at others forming irregular islets of baldness. Generally both forms may be observed on the same head. The extent to which it proceeds varies greatly, from being scarcely perceptible to the falling off of the hair by handfuls, to the partial, and even in very rare cases to the entire, denudation of the cranium. The hair, too, loses its brilliancy and becomes dry and dull, and thus with real hair, as Diday observes, the patient has the appearance of wearing a wig. The duration of this form of alopecia is always temporary, so that after from one to six months the fall of the hairs ceases, and they are always and invariably reproduced, so that it may be laid down as a true axiom that persistent and general alopecia is never of a syphilitic origin. Syphilitic alopecia may extend to the hairs of the rest of the body, causing the fall of the eyelashes, the eyebrows and the hair of the pubes, etc. Alopecia of the eyebrows is even common, especially in women, sometimes merely thinning them, and at others removing them in spots or islets, so that perhaps a third of the eyebrow may be wanting. Nothing is more characteristic than this broken arch, producing at once so repulsive an appearance and so sure a sign of syphilis. The eyelashes are less frequently lost. Genital alopecia is pretty frequent, especially in women, and occasionally the hairs of the armpits and the rest of the body fall. But in all these cases the alopecia is only temporary, and after a certain time disappears. There is no special medication for syphilitic alopecia, all local applications being useless, and cutting the hair or shaving the head does not induce more rapid reproduction of the hair. The mercurial treatment is the exclusive and efficacious remedy, aided, if required, by iron, quinine, etc. Popular prejudice attributes the baldness, which is really the effect of syphilis, to the action of mercury; but under the influence of this a bald head becomes re-covered with hair.—*Med. Times and Gazette.*

THE SUMMER DIARRHŒA OF ADULTS.

By Horatio R. Bigelow, M.D., of Washington, D.C.

With the approach of warm weather the physician will not unwisely occupy himself with the consideration of a class of cases which cover a wide domain of symptomatology, and in which an intellectual therapeutical discrimination is absolutely necessary. The professional practice in cities during the summer months is largely confined to the treatment of diarrhœas, so that it may not be amiss to dwell somewhat at length upon a general analysis of the disease in its varying forms, and to point out the indication of remedial interference. It is my purpose to deal only with essential and reflex diarrhœas, so that the questions of dysentery, cholera, etc., need not cumber the present discussion.

Etiology.—A man of adult years complains to us of a diarrhœa and its concomitant symptoms. What shall we give him? Naturally, the first question demanding solution is, upon what condition does the diarrhœa depend? What has caused it?

A diarrhœa results from increased peristaltic action of the intestines, or from excessive secretion, or from the two combined. The exciting causes of these phenomena, in relation to the subject in hand, and which will apply to the majority of ordinary cases, are—

1. Intestinal irritation by improper or unripe food and fruit, impure water and constipation.
2. Changes of temperature, bad air, antihygienic conditions, fatigue and malarial influences.
3. Obstruction of the portal circulation.
4. Excessive mental excitement.

There are, of course, *vicarious* diarrhœas, the diarrhœas of typhoid fever, of phthisis, cancer, Hodgkin's disease, etc., but these are intercurrent phenomena, the local manifestations of constitutional disturbance, and are to be met in the general treatment of the primary lesion.

In general summer practice it will be found that nearly all of the cases that come to us for treatment will depend upon some one of the foregoing exciting causes. It is essential that the diagnosis should be an accurate one, to insure successful treatment.

Diagnosis.—The history of the case will first arrest attention. The social condition of the patient and his hygienic surroundings. The duration of the disease. The nature of ingesta. The length of time between the last meal and first symptoms of the attack. The nature of the last meal. The character of the discharges. The co-existence of nausea. The presence of headache, increased upon the movement of the head. The condition of the tongue. The daily occupation of the patient. His condition in reference to insomnia. The distinction between

the various forms may be confirmed from the symptomatology.

Symptoms.—1. Unripe or improper food; impure water; constipation—acting as intestinal irritants. When an adult has eaten unripe fruit, or vegetables not perfectly fresh, the symptoms of colic, with or without diarrhœa, soon manifest themselves. There is flushing of the face; more or less activity of the perspiratory glands; a binding, gnawing pain along the greater curvature of the stomach, with nausea, often amounting to emesis. The pain may be very intense, but is neither increased nor diminished by pressure. The diarrhœa which follows may be profuse, liquid and lienteric, if the ingesta are forced along the canal by the peristaltic action. Should any undigested matter remain, the discharge is scant and unsatisfying, while tormina and tenesmus are prominent. This form of summer complaint yields readily to appropriate treatment, leaving no ill effects. When the diarrhœa is due to constipation we shall usually have the history to guide us. The general symptoms are small, feculent discharges, usually liquid, the accumulated fæces acting as a foreign body and setting up an irritation; or small, round, hard masses may also be discharged. Hard, indurated swellings may often be made out along the course of the colon. There is a general sense of malaise.

2. Excessive fatigue occasions an ephemeral diarrhœa which has no especial history other than its exciting cause. In those cases wherein the flux is the result of anti-hygienic conditions we will be apt to have more or less constitutional disturbance. The face will be pale and pinched, eyes sunken, with general emaciation. There is constant diarrhœa, painless and crapulous. Pulse quick and shallow.

3. Obstruction of the portal circulation. The "bilious diarrhœa" of common parlance. What physician will not recognize the vertigo, the headache that comes and goes and is increased by physical activity, the bad taste in the mouth and coated tongue, the drowsiness and languor, and the foul odor of the discharges. The ideal disease of the laity.

4. Excessive mental excitement. This is the most severe and often the most obscure form of the disease. It will not yield to the usual astringents, and is accompanied by many distressing symptoms. We have a history of mental strain, at a time when the heat of the summer has been most intense. There is irregular action of the heart, with palpitation. Insomnia. Excessive nervous irritability, with photophobia. There is pronounced mal-assimilation, with gastric irritability. Each active cerebral effort is followed by intestinal discharge. In a few other diseases have we such a typical example of the influence of the mind upon the body. This diarrhœa is essentially reflex, and can be controlled only by treating the nervous system. In general we have to decide whether it is desirable to check the flux, whether we shall give cathartics or purgatives, or nerve tonics, and what combinations best subserve these ends.

Treatment.—In all cases where we have reason to suppose that there is undigested food in the alimentary track, it is good practice to exhibit at the very commencement a dose of castor oil and opium. This somewhat nauseous admixture may be rendered palatable by combining with it compound tincture of cardamoms, oil of gaultheria, pulverized acacia, white sugar and cinnamon water. Should there be extreme pain or cramp, a spiced hop poultice (hops, cinnamon, cloves, linseed and brandy) over the abdomen gives much relief. While the subcutaneous injection of vj–x minims of Magendie's solution will quiet pain and nausea. If the stomach is incapable of retaining the oil, it should be administered as an enema. A persistent diarrhœa should be treated with powders of oxide of zinc with bicarbonate of potash, or with gallic acid and opium. Where the anæmia is marked, the debility extreme and the diarrhœa malignant, in the sense that some anæmias are said to be malignant, there is no more desirable mixture than the elixir of calisaya bark and aromatic sulphuric acid. If the tendency be to cholera, quinine and ergot, or carbolic acid, should be given with hot brandy punches, with laudanum, or the subcutaneous injection of the hydrate of chloral. The simple, uncomplicated diarrhœa that one meets so often in the summer will usually yield to a little chalk mixture with tincture of krameria; when more severe we may use a mixture of tincture of opium, spirits of chloroform, alcohol, and spirits of camphor. An enema of the sulphate of copper before breakfast is useful in many cases of great tenesmus. As a general rule, when sent for to attend a case of cramps resulting from unripe fruit, or anything of that nature, I order a castor oil enema at once, with the immediate application of a hot spiced hop poultice over the abdomen. If necessary I add a subcutaneous injection of morphine, and leave the patient with the assurance that he will be well in a few hours, and that nothing more will be necessary. If an adult patient comes to my office complaining of an active diarrhœa, attributable to no other cause than that of heat and over exertion, I order him a few powders of the oxide of zinc and bicarbonate of potash, to be followed by a mixture of the elixir of calisaya and sulphuric acid. If the diarrhœa be due to constipation we have nothing better than a pill of extract of nux vomica, extract of belladonna with extract of physostigma. These should be taken regularly, to overcome the habit, which is due probably to a relaxed condition of the muscular coat of the bowel. The

anæmia of malaria attended with diarrhœa is admirably treated with a pill containing chinoidine, sulphate of iron and the resin of podophyllum. Astringents, as we usually understand the term, are of no possible avail. They do not reach the seat of the disease. An ordinary bilious diarrhœa, not due to catarrhal or obstructive jaundice, will generally yield to a pill containing Turkey rhubarb, resin of podophyllum and blue pill, with a little hyoscyamus, to prevent griping. After decided action has resulted we may put our patient upon a mixture containing dilute nitro-muriatic acid. The diarrhœas preceding attacks of icterus are treated with a pill of purified ox bile, sulphate manganese and podophyllum, or with the hydrated succinate of the peroxide of iron. In the reflex diarrhœa due to intense heat, with excessive mental excitement, we have a remedy above all others. Finally, powdered ice applied to the whole length of the spine, in one of Dr. Chapman's ice bags, for one or two hours at a time, has a wonderful and immediate effect. It relieves the hyperæmia of the nerve centres, tranquillizes nervous irritability, overcomes insomnia and checks the diarrhœa. In diarrhœas generally, attended with great nervous prostration, we have nothing in medicine of half the value. In these cases the great object to be attained is to subdue as rapidly and completely as possible the hyperæmia of the spinal cord and sympathetic ganglia, and re-establish the healthy equilibrium of the circulation, and while the future may demonstrate the way in which this may be accomplished by galvanism, we have not now any means of reaching the automatic nervous centres comparable to that of ice applied along the spine, together with heat to the general surface. With this we may give bromide of lithium and calisaya, or the elixir of calisaya, quinine and strychnia.

Hygienic Considerations.—Air, clothing and food are three essential factors in any consideration of health. A well ventilated room, with an even temperature, free from draughts must be insisted upon. It is often necessary to advise a temporary change of residence in obstinate cases, and nothing seems to be more desirable than a camping-out excursion. Absolute cleanliness must not be lost sight of. A strip of flannel worn around the bowels, underneath the undershirt (which should be worn all summer), is often of benefit. Where there is persistent gastric irritation, the patient should be made to eat a very little raw beef, chopped fine and seasoned with salt and, perhaps, a little red pepper, every two or three hours. Ordinarily the diet should be restricted to milk rations, and in extreme cases nothing should be allowed but a little milk and lime water.

General Considerations.—A strict adherence to my subject, conjoined with a proper regard for condensation, makes it necessary to leave unsaid much that might with profit be written. There are drugs without number familiar to physicians, which are of more or less consequence in the treatment of diarrhœas. The combinations that I have mentioned are the best for the purposes indicated, of which I have knowledge, and it is best to be unincumbered of a number of formulæ of doubtful efficacy. For this reason I have not referred to a fatty diarrhœa, because it is exceedingly rare, and in the treatment of it we are in the dark. Neither is it within the scope of this article to enter into a discussion of chronic diarrhœas, which rely for ultimate cure upon a strict dietary regimen, with tonic mixtures. It is advisable to begin treatment in every case with the combination which we have a reasonable hope will result successfully, rather than to temporize with drugs which may or may not accomplish the desired object.

David Young, M.D., of Florence, Italy, in the *Practitioner*, for March, 1875, and December, 1879 (Napheys' Therapeutics), states that in nearly every form of diarrhœa he trusts almost exclusively to diet, and to one or two forms of castor oil emulsion. For instance—

℞.	Olei ricini,	♏xxiv
	Spt. chloroformi,	ʒ iss
	Sol. morph. mur.,	ʒ j
	Pulv. gum acaciæ,	℥ ss
	Aquam, ad	℥ iv. M.

Sig.—A small dessertspoonful every hour and a half until the bowels are quieted.

He adds the following rules:—

1. When the diarrhœa is chronic, and the stools contain mucus, he increases the dose of castor oil from two to four drops.

2. If the pain is very severe, six drops of morphia (Sol. B. Ph.) may be given with each dose, but he has never had occasion to give more.

3. If the mixture is carefully prepared it is pleasant and readily taken, and the taste of the oil is so completely covered that in only two or three cases of the large number in which he had given it was the mixture suspected to taste like castor oil.

4. The mixture does not keep well, especially in warm weather, but the addition of four grains of quinine to a three-ounce bottle will keep it fresh for several weeks. Sir J. Fayrer, F.R.C.P., of British India (*op. cit.*), believes that in the treatment of chronic diarrhœa *diet* is the most important element, more so than drugs. He advises milk and lime water (one-third lime water) at frequent intervals. Beef tea, raw beef juice, or a raw egg, may sometimes be given. Tea and coffee should be avoided.

Drs. Burkhart and Ricker, Stuttgart, Germany, use the following preparation of the active principle of coto bark:—

℞.	Cotoinæ,	gr. j
	Aquæ destillatæ,	fl. ℥ iv
	Alcoholis,	gtt. x
	Syrupi,	fl. ℥ j. M.

SIG.—A tablespoonful every hour.

In some cases of great general prostration I have used a pill, most excellently compounded by McKesson and Robbins, after the following formula:—

℞.	Strychnia,	$\frac{1}{100}$ gr.
	Phosphorous,	$\frac{1}{100}$ gr.
	Ext. cannabis indica,	$\frac{1}{10}$ gr.
	Ginseng,	1 gr.
	Ferri carb.,	1 gr.

In the *Practitioner*, Dr. J. M. Fothergill writes as follows: "Look at the treatment of diarrhœa. How commonly is an astringent mixture, containing an opiate, prescribed, without further reflection? Of course, in a great many cases immediate effects are produced which are gratifying to the patient. Yet in a certain percentage of cases such a plan is not only not successful, but does harm; in those cases where there is an offending mass in the intestines, setting up a secretion to sweep it away, but where the secretion is set up too low for its removal there is a teazing diarrhœa, a persistent desire to go to stool, with small, ineffective motions, affording no relief. Here the ordinary diarrhœa mixture does harm; and what effect it has is to arrest a spontaneous reflex act, often of a beneficial character. The proper treatment is to administer a dose of castor oil, or better still, a scruple of rhubarb, in powder, by which secretion is set up above the offending mass, and it is swept away; after which diarrhœa ceases. The secondary action of rhubarb in constipating the bowels renders it the agent *par excellence* for the treatment of this form of diarrhœa. The astringent and opium treatment of diarrhœa is equally or still more out of place in those cases where there is a fecal mass lodged or accumulated in the rectum. Every surgeon who sees much of diseases of the rectum has instructive stories to tell of cases where the patient has consulted a large number of eminent physicians, without avail, for a persisting diarrhœa. The usual mixtures in great variety are prescribed, without effect; at last the persisting tenesmus drives the patient to a rectal surgeon, who, on examination, finds a solid mass in the bowel, around and past the sides of which the thin fecal motion passes. Here diarrhœa is the only possible means by which the bowels can be emptied; and it is fortunate that the astringent mixtures are inoperative to arrest this diarrhœa, else the patient's condition would indeed be a serious one. The mass is removed, and then the diarrhœa spontaneously ceases.—*Phil. Med. Reporter.*

MEASLES NOT A TRIVIAL DISEASE.

In view of the wide prevalence of measles at the present time, the following Report upon the Present Epidemic in Brooklyn and its Treatment by the Board of Health, by J. H. Raymond, M.D., Sanitary Superintendent, printed in the Proceedings of the Kings County Society, will be found very valuable:

Since January 1, 1880, there have been 1,864 cases of measles reported to the Brooklyn Health Department. This is probably less than half the number which has actually occurred. During the same time there have been seventy-three deaths from the same disease, while during the entire year 1879 measles caused but forty deaths. Should the present rate of mortality continue throughout the year the record will show two hundred and forty deaths from measles for the twelve months of 1880. While measles has thus far caused eighty-two deaths, there have been but sixty-five deaths from scarlet fever.

It is a common impression that measles is a trivial disease which every child must have at some period of its life; that the younger he is the more mild the attack, and therefore the sooner he has it the better; that having once been attacked he is protected for the future; that if the disease is not contracted in the usual way, children should be taken to where the disease exists and exposed to it; that all attempts to isolate patients suffering from the affection, or to prevent their return to schools or other public assemblages as soon as they are able to go are harsh and arbitrary measures, and not based on good and sufficient reasons; and finally, that as the disease can only be conveyed by the sick person himself, there can be no danger from clothing, bedding, or other material which has been in the same room with the patient or upon his body, and therefore disinfection and fumigation of these articles, and of the rooms occupied by him during his illness, are useless and unnecessary.

This is, we are satisfied, the popular opinion, and we have reason to believe that some physicians hold the same views. One of these latter, a representative of the class, writes that he thinks measles is a disease that it is rather more desirable to have than to avoid, and he does not suppose that isolation of the patient is at all advisable. From practical local observation and careful investigation of the subject, together with the experience of Brooklyn physicians obtained from their answers to a series of questions sent them by the Board of Health and appended hereto, we believe that the general impressions already referred to are entirely erroneous, and, if permitted to go uncontradicted, liable to do great harm and injury even to the degree of sacrificing human life. Let us take up these points seriatim, and endeavor to ascertain how well founded in fact these popular impressions are:

1. IS MEASLES A TRIVIAL DISEASE?—Aitken, writing of measles, says: "In the year 1824 it was imported into Malta by some children

belonging to the Ninety-fifth Regiment, and spread extensively in that island, so that many natives died."

Percival says that in one epidemic one person died out of every forty who had the disease. Watson writes that in one year at the London Foundling Hospital one in ten died; at another time, one in three. Aitken summarizes the mortality by saying that "the aggregate of these data will give us an average of one death in fifteen. The prospects of recovery are better in the country than in the city, the records showing a greater mortality in the latter than in the former." Nor is the danger over when the patient has recovered from the measles itself.

Ernest Hart, speaking of measles and hooping cough, writes: "These diseases often cause a considerable mortality among children; not directly, but indirectly. They predispose to lung diseases, especially bronchitis and pneumonia, of which the children die."

Aitken says: "In strumous patients measles may end in the development of miliary tubercles in the lungs. . . . The cough often remains for weeks or months after desquamation is over, and grows worse from the most trifling causes. It may depend on simple bronchial catarrh or on severe disease of the lungs. The nature of that disease, however, is not always tuberculous, but more often a caseous transformation and disintegration of the products of lobular pneumonia, with caseous degeneration of the bronchial glands, one of the most common complications of measles. Croup sometimes supervenes and cuts off young patients. It tends to be of the asthenic type, and is not unfrequently preceded by diphtheritic inflammation of the fauces, which gradually passes down to the larynx."

The physicians of Brooklyn report fifty-four cases of measles which have been followed by diphtheria, some of them fatal from this cause. "Diarrhea is another danger to be encountered." . . . Aitken writes: "If suffered to continue the consequences may be fatal. Catarrhal ophthalmia, otorrhea, swelling of lymphatic glands, if the constitution be strumous, must also be watched for, and if possible prevented."

2. Is Measles a Disease which Attacks a Person but Once?—On this subject Aitken says that as a general principle the patient is exempt from liability to a second attack, but he also adds that Burserius, Robedie, u, Home, Bailie, Rayer, and Holland have al seen instances of a second attack of measles in the same individual. Ernest Hart writes that second attacks are not very uncommon, and third attacks are not unknown. Austin Flint, sr., says, "Well authenticated cases in which the disease (measles) has occurred three or even four times have been reported."

The experience of the Brooklyn physicians is very large, and their evidence in this matter, obtained from the circulars before referred to, is very strong. They report that second attacks have occurred, *under their own observation*, in two hundred and ten instances, and third attacks in seven instances. This shows at once the folly of exposing children to the disease that they may "get it and have it over with," for in the first place there is a possibility of the disease itself proving fatal, or if the children recover from measles they may die from its sequelæ, croup, or diphtheria, or diarrhea; and if they pass through all these dangers they may still have miliary tuberculosis, or some other pulmonary disease and die from that; but granting that complete recovery takes place, they are not protected from a second attack of the disease, or even from a third. But it is said that if it does occur a second time it is in a very mild form. This brings us to the third question:

3. Are the Recurrences of Measles Modified by the Previous Attacks?—One hundred and thirty Brooklyn physicians report that the second attacks have not in any degree been milder than the first, but have been unmodified by the previous ones; thirty-six report that the second attacks have been more severe than the first, and only thirty report the disease as modified in its recurrence. One physician reports a second attack after an interval of three years as ending in death.

4. Is Measles Conveyed by Fomites?—This is, in a sanitary point of view, a most important question to decide. If it can not be so conveyed then there is no danger from the clothing of the patient, nor from the clothing of those who attend him in his sickness; nor can members of the family, or those living in the same dwelling, carry the disease to others; nor is there any necessity for disinfection or fumigation of these things after recovery; but if, on the contrary, the disease is propagated by fomites, all these precautions must be taken if we would prevent the spread of the disease. In other words, the same isolation, disinfection, and fumigation should be practiced for measles as in smallpox or scarlet fever.

On this point Niemeyer says: "From some very striking observations of Panum it has been proved that this contagion in the atmosphere can, without losing its activity, be carried for miles by the body and clothes of healthy persons who have been near a patient, and who are not themselves attacked by the disease. . . . The probability of infection during the prodromal stage is supported by the wonderful spread of measles through schools. Great care is usually taken to keep out of the school any children who have not gotten through the desquamative stage, as well as those having any suspicious exanthem; but children with catarrh and cough are allowed to sit on the seat with well children."

Aitken's testimony to the same effect is very

striking: "This disease is also propagated by fomites. The strictest demonstration of this fact is that the disease has been communicated by direct application of substances impregnated with the virus in the attempts to inoculate the disease. It is also proved by the fact that children's clothes, sent home in boxes from schools where the disease has raged, communicate the disease, and also by the same circumstance resulting when susceptible children have lain in the same bed or in the same room shortly after it has been occupied by patients suffering from the disease."

Hart, writing of measles and hooping-cough, says: "Like the other diseases of the same class they are eminently communicable by means of infected air and clothing," and he adds, "in the case of measles by means of the contagious discharges."

This opinion is very generally held by the best authorities. Charles Cameron writes of measles: "It is highly contagious, and the measures necessary to prevent the spreading of it are similar to those to be employed in the case of smallpox."

Eighty Brooklyn physicians believe it to be spread by fomites, thirty-six do not, while twenty are undecided. One physician writes: "I am confident that I conveyed the disease by my clothing to one of my children. I called to see a case of measles a couple of blocks from my house; came immediately home, and thoughtlessly picked up my little girl and placed her upon my lap before removing my overcoat. I dropped her in a few minutes with the remark that I had just been to a case of measles. In about eleven or twelve days the child was taken with measles. She had not been out of the house for a couple of months. There was no measles in the immediate neighborhood. She had not been in contact with any one having it, and I know of no other way she could have contracted the disease. Dr. C. informs me that he conveyed it to his child in the same manner."

5. Is Measles Highly Contagious?—Cameron says, "It is highly contagious." Hart speaks of it in the same terms. Aitken writes: Like scarlatina, measles is thus eminently communicable; and, in like manner, no susceptible person can remain in the same room, or even in the same house, with an infected person, without hazard of taking the disease. The infecting distance of this poison (that of measles) must be considerable. Indeed, it is often very difficult to isolate the disease in public schools or other large establishments where it sometimes appears."

Bristow declares that "Measles is one of the most virulently contagious of diseases . . . . The presence of a case of measles among a number of unprotected persons will, as a rule induce a more certain and widespread outbreak of disease than either of the other exanthems would do under similar circumstances. Its contagiousness is fully developed at a very early stage, being at its height on the second if not on the first day, of invasion, and consequently before the specific nature of the attack is revealed. Hence the great difficulty, if not impossibility, of effectually preventing its spread in households and in schools."

Frederick Roberts writes: "Measles is decidedly infectious, especially when the eruption is out; and its contagium passes off abundantly in the exhalations of a patient, the air around being thus contaminated. It is also conveyed by fomites. Children have undoubtedly taken the disease from sleeping in a bed or room formerly occupied by a patient suffering from measles."

Austin Flint, sr., says: "Rubeola, like scarlatina or variola, is a communicable disease. The infectious miasm is not only received by those brought into close proximity to persons affected with the disease, but it may be transported to a distance by means of fomites. Persons contract the disease from the miasm adherent to the clothes of those who have recently visited rubeolous patients. Physicians may in this way diffuse the disease." . . .

One hundred and thirty-nine Brooklyn physicians regard it as highly contagious, one as moderately contagious, while fifteen report it as not highly contagious. Sixty of these regard it as more contagious than scarlet fever, forty-six as less contagious, and forty-five as equally contagious.

In speaking of contagious diseases, measles included, Hart says: "All these diseases are propagated more than any where else at schools; and during epidemics the greatest precaution ought to be taken in sending children to schools, especially as there is every probability that some of these diseases, if not all of them, are contagious during the period of incubation."

In view of the facts that measles is at the present time epidemic in Brooklyn; that it has already in 1880, as stated above, caused seventy-three deaths, while during the whole of 1879 there were but forty deaths; that it is "one of the most virulently contagious of diseases" (Bristow); that "its contagiousness is fully developed at a very early stage of the disease, . . before the specific nature of the attack is revealed" (Bristow); that it is conveyed by fomites; that "persons contract the disease from the miasm adherent to the clothes of those who have recently visited rubeolous patients" (Flint), or "from clothes sent home in boxes from schools where the disease has raged" (Aitken); "that no person can remain in the same room, or even in the same house, with an infected person without hazard of taking disease" (Aitken); that one attack does not der a person non-susceptible; that the mea

necessary to prevent the spreading of it are similar to those to be employed in the case of smallpox" (Cameron); in view of all these facts, the Board of Health, under the Code of Sanitary Ordinances, directs the exclusion from school of all children living in a house where measles exists, and prohibits their return until the case is well and the premises fumigated with sulphur.

COCCYGODYNIA.

By WILLIAM GOODELL, M.D., in the *Clinical News*.

The name coccygodynia is derived from coccyx and ὀδύνη, pain. The distinguishing symptom of this disease is a very sharp pain in and about the sacro-coccygeal joint. This pain is always evoked whenever pressure is made on the tip of the coccyx, or whenever motion is communicated to the bone itself.

Such movements, then, of the body as produce contraction of these muscles will cause acute pain in a diseased or an hyperesthetic coccyx. Walking, therefore, very generally increases this pain, but above all do the acts of sitting down and of rising up. Since the anal sphincters take their origin from the tip of the coccyx, the pain is often most acute during the act of defecation. This fact often leads the practitioner astray, for he naturally attributes this symptom either to an angry pile, to an anal fissure, or to a prolapsed ovary. The diagnosis can be made out by catching the coccyx between the forefinger in the rectum and the thumb on the outside. Any movement communicated to it will then elicit very acute suffering.

This disease has often a traumatic origin, and it then can be traced up to some injury received by the coccyx. For instance, as woman advances in age the sacro coccygeal joint becomes anchylosed. Now if late in life she becomes pregnant the anchylosis must give way during the labor. I have more than once heard in labor this joint snap with a sound so loud as to be heard at some distance from the bed. Then again, even where no anchylosis exists, the anterior coccygeal ligament may be overstretched, and perhaps torn across, by the passage of a large head. In effect many women date their coccygodynia from some labor. But it is not from childbirth alone that the sacro-coccygeal articulation receives injury. One of the worst cases of this disease that I ever saw was brought about by a sudden fall. At a merry-making, some one in jest pulled away the chair on which the lady was about to sit, and she came violently down upon her seat. The origin in another of my cases was referred to the sudden jump of a horse on which my patient was riding. Sometimes the coccygodynia is merely a reflex symptom of some anal or some uterine lesion. I am, moreover, sure that this form of pain is often essentially neurotic—far more so, indeed, than is generally supposed—and that the coccygeal joint is as liable to become hysterical as is the joint or the other articulations. Further, just as an hysterical joint will mimic all the tokens of some local injury, so will the hysterical coccygodynia. The diagnosis between the traumatic disease and the nerve disease—between the genuine lesion and its imitation—is not easy; sometimes very perplexing. I shall not soon forget a case of very acute local suffering, referred by the lady to injuries sustained in horseback exercise, which turned out to be hysterical, and eventually got well. Yet I was so imposed on as to decide upon the removal of the coccyx, and had even gone so far as to fix the day for the operation before this protean malady had revealed its true nature. The only way of making this important distinction is to note the irregularity of the pain in the hysterical affection, an indescribable affectation of suffering, and the lack of consistency in the behavior of the symptoms.

The treatment of this disorder will, of course, vary with the cause, which must always be looked for. The hysterical affection is best treated by rest, massage, and electricity, as will be explained in a future lesson on nervous exhaustion.

All anal and uterine lesions must be remedied, Should no good follow, local hypodermic injections of morphia or of carbolic acid may be tried; and so also may rectal suppositories of iodoform. Some cases will in time get well spontaneously. Then again there are others which resist all treatment, whether local or constitutional. In the latter the suffering may demand surgical interference. This can be afforded in two ways. By one, the coccyx is cut down upon and extirpated by the bone-forceps. By the other a tenotomy-knife is passed in near the tip of the coccyx and carried up to the articulation. It is then made to shave off from the bone all its muscular and tendinous attachments. Thomas recommends that whenever there is difficulty in performing subcutaneous tenotomy in this region, an incision be made down upon the coccyx. The exposed tip is then lifted by the finger, while the attachments are snipped off on every side by a curved pair of scissors. Very little bleeding attends any of these operations, but the first one is the most effectual.

POINTS IN THE SURGERY OF THE URINARY ORGANS WHICH EVERY PRACTITIONER OUGHT TO KNOW.

Mr. Teevan lately read a paper before the Harveian Society of London with the above title:

The *first point* he brought before the society was that retention of urine in children is always

caused by a stone unless there is some mechanical obstruction to the escape of urine, such as a contracted meatus or tight foreskin.

Second.—That incontinence of urine, which is diurnal as well as nocturnal, may be caused by a calculus impacted in the deeper portions of the urethra. He explained how it was that in one case a stone would give rise to retention and in the other to incontinence. When a calculus was at the meatus internus it was accurately and firmly embraced by the sphincter, so that no urine could escape. When, however, the stone advanced half an inch further forward it acted as a gag and prevented the sphincter from closing, so that the water dribbled away along the sinuosities in the calculus.

Third.—That incontinence of urine in boys may be caused by a congenitally-contracted meatus. If the urine could not escape freely in the act of micturition, reflex irritation was set up and dribbling took place.

Fourth.—That dribbling of urine in men signifies retention, not incontinence. He explained the apparent paradox, showing how in cases of enlarged prostate or stricture the patient always left some urine behind after each act of micturition, which gradually accumulated, the over-distended bladder not being able to contract on its contents, the action of the sphincter being still perfect. At last, however, the sphincter became weakened a little by the great pressure and leakage followed, so that urine was always dribbling away.

Fifth.—That if, when a catheter was passed in a man, the urine was expelled with great pain and violence, not only through the instrument, but in streams by its sides, there must be a calculus impacted in the deeper portion of the urethra.

Sixth.—That it is not possible to empty every man's bladder with a catheter, as the organ is sometimes sacculated.

Seventh.—That a gleet of more than six months' duration mean an incipient stricture.

Eighth.—Behind an enlarged prostate always suspect a stone, as there are in that complaint all the conditions present for the local formation of calculus.

Ninth.—If a man who complains of painful and frequent micturition is worse in the day than at night he most likely has a stone. Prostatic cases were much worse at night than in the day, whereas calculous patients were most comfortable while in bed, but when they moved about in the day they suffered greatly from the movements impressed in the stone.

Tenth.—When a man who complained of frequent and painful micturition was much worse when riding in a vehicle or on a horse, he most probably suffered from stone. The explanation in the former point applied exactly to this also.

Eleventh.—Before delivering a child see that the mother's bladder is empty.

Twelfth.—If a woman had retention of urine after childbirth she ought to be relieved with an elastic olivary catheter, the interior of which was completely filled by a bougie. For the want of this precaution the catheter often became plugged with mucus, and cystitis was set up by the nurse's ineffectual attempts to withdraw the urine.

THE TREATMENT OF HEMORRHOIDS.

Dr. F. P. Atkinson says in the *Practitioner*, August, 1879:—A good deal has of late been written with respect to the operative treatment of hemorrhoids, and I think in this way attention has perhaps been diverted from the use of topical applications. Of course local treatment by itself is of little use, inasmuch as, while the cause remains, any benefit that may be obtained can only be partial and temporary. As far as I can see, hemorrhoids are to be divided into three classes, namely, acute, subacute, and chronic, according to the symptoms and time that they have existed, and the treatment has to be adapted to the stage in which they are presented to our notice.

In the acute stage they are inflamed, of a dark red appearance, and give rise to a throbbing, burning pain, or like that which would be produced by the application of a red-hot coal. Mr. Biddle, a fellow-practitioner, tells me that in this stage the effect of calomel-dusting is something wonderful, and that relief is more quickly gained from this than anything with which he is acquainted. He considers that it acts in a twofold manner; namely, upon the liver, and at the same time as a local sedative. Sponging, also, with hot water gives a good deal of ease.

If this treatment prove inefficient, and the pain be very excessive, leeches may be applied to the anus, or an incision made into the centre of the swelling and the contents squeezed out.

In the subacute stage the feeling complained of is more that of weight and tension, though on going to stool the pain is often very acute.

To relieve the existing condition, the compound gall ointment or a solution of acetate of lead and opium should be freely and frequently applied, and an enema of cold water used after each action of the bowels.

In the chronic stage the best application is the common pitch ointment. For this useful piece of knowledge I am indebted to a Mr. Corbett, and he, it appears, got the hint from an old nurse by seeing her apply some tarred rope. Its astringent effect is something remarkable, and I know of nothing which acts so quickly and effectually.

The general treatment has to be directed toward altering the particular mode of living which has brought about the abnormal condi-

tion. Hence all luxurious and sedentary habits, hard riding, venereal excesses, the use of aloetic purgatives, should be forbidden; whilst the object of the *medicinal treatment* should be to keep the bowels freely relieved and lessen as much as possible portal congestion. Dr. Young, of Florence, wrote a paper in the *Practitioner* of January, 1878, upon the use of glycerine internally in these cases, but I do not think it has any specific action upon the hemorrhoids themselves. The improvement which he says takes place is, I fancy, in all probability, simply due to an increased action of the bowels which it produces. Confection of senna is a particularly useful, and by no means unpleasant, aperient in these cases. I would, however, rather suggest the use of a euonymin pill occasionally at night, with a dose of effervescing Carlsbad salts in the morning, as these have a direct effect upon the portal circulation. In conclusion, I would remark that I can not speak too strongly with regard to the effects of the pitch ointment, for I feel certain that the necessity for operative measures may often be prevented by its timely use, and I would recommend every one to give it a trial where the compound gall ointment is ineffectual.

IODOFORM IN OTORRHŒA.

Ed. Med. and Surg. Reporter:—Chronic catarrh of the middle ear is notoriously obstinate in its course, yielding to no treatment ordinarily resorted to by the average practitioner of medicine. Having been disappointed in the results of treatment, even the manœuvres of the specialists—such as the judicious use of Politzer's bag; inflating the drum cavity at regular intervals; systematic catheterizing and vaporizing with iodine; dilating the Eustachian tube; and all the internal medication usually employed—I was recently impressed with the idea of trying iodoform locally, and am surprised with the good results. Cases rebellious to everything usually done in such conditions have improved rapidly.

The following is my mode of treatment:—

With a cotton carrier or any convenient instrument, and fine, clean cotton wool, thoroughly cleanse the external auditory canal, down to the membrana tympani, using, of course, delicateness of touch, so as to render no pain or reflex irritation of the upper air passage, causing cough, etc. Then apply the following powder every three days, or oftener if the case requires it, *i. e.*, if there is copious discharge of offensive pus—

℞.	Iodoform,	ʒ ij.
	Tannic acid,	ʒ j.

Triturate very thoroughly, to an impalpable powder, and place a few grains of it in the end of an annealed glass tube about six inches long and ¼ of an inch in diameter. Then, with the thumb and forefinger of the left hand, pull the auricle upward and backward, thereby straightening the external auditory canal, and insert the loaded end of the annealed tube therein, apply the mouth to the other end of the tube, and give a gentle puff, throwing a whirlwind of medicinal dust down the passage, through the opening in the drumhead, if there be one, and there usually is in these cases, back into the mastoid cells, down the Eustachian tube, and completely storming the whole mucous lining of the auditory apparatus, and in a better manner than can be effected in any other way.

If there is no perforation in the drumhead—which can be easily determined by causing the patient to forcibly try to expire with the mouth and nostrils firmly closed, when ordinarily the air will rush through the Eustachian tube and out through the perforated drum with much force, and accompanied by a sound audible at a distance of several feet, hissing or bubbling in character, whereby the condition of the parts can accurately be determined by an experienced ear, and will not be forgotten when once heard and recognized—then I introduce the loaded end of a glass tube into one of the nostrils, compress the wings of the nose closely around the tube, so as to completely prevent the exit of air, then ask the patient to swallow, closing the mouth, at the same time giving a puff at the other end of the tube as before, and there is no escape for medicated air, which, of necessity, is driven up the Eustachian tubes and thoroughly medicates the entire diseased surface. It may be better in some cases, if there is much irritation following this treatment, to substitute pure gum arabic for the tannic acid, thereby giving it a mucilaginous quality, and causing its adhesion and longer contact with the parts affected.

There is usually no unpleasant after effects, except the persistent offensive odor of the iodoform, which is greatly masked by the tannic acid. The iodoform is an anæsthetic and alterant, and promises to do more for this obstinate and important disease than anything yet devised, and is perfectly harmless. As to the danger of at once putting a stop to these long continued discharges, let me assure you that the danger lies in the opposite direction, viz., of letting the malady progress until the bone becomes necrosed and the membranes of the brain become involved in the inflammatory process; then death is the usual result.

I hope you will not think me tedious in this article, and my only excuse for saying so much is the extreme frequency of the disease and the utter indifference with which very many of the practitioners of medicine treat it.

The reason the laity neglect these cases is, that the profession give so little attention to it, usually ignoring treatment entirely. If they do

not know how to treat it successfully, they should at least know the importance of advising treatment by one who does, as the affection is certainly worthy of the serious attention of all lovers of the healing art.—*Phil. Med. and Surg. Reporter.*

DELIRIUM TREMENS—TREATMENT OF.

Opium given in large and enormous doses, as was formerly the practice, was conclusively shown by Ware to be pernicious. Sleep is the desired object, but narcosis is not a substitute therefor. It is hazardous to induce the latter. But an opiate, in small or moderate doses, is often useful. A quarter of a grain of the sulphate of morphia every four or six hours, or an equivalent of codeia or some other preparation, is the safe limitation as regards dose, and intervals. Alcohol is relied upon by many, but opposed by some on the ground of moral considerations. The latter are of little weight. The patient will not be likely to resume the habit which has caused the disease any the more because alcohol may have conduced to the recovery. In the treatment alcohol should be given in moderate quantity, and suspended when sleep occurs. It is indicated especially when the patient is much enfeebled, and the pulse denotes cardiac weakness. The inhalation of chloroform may be tried, especially when the delusions induce extreme terror or violence of delirium. It sometimes is useful, but more frequently it fails. The attempt to produce anesthesia is often resisted by the patient, and the violence of the delirium is thereby increased. The hydrate of chloral is more easily employed. It sometimes acts like a charm. Proper precautions are to be observed in the use of this remedy. The bromides may be given with much less reserve. They should be fairly tried. Their effect is sometimes excellent and sometimes *nil*. Digitalis is in some cases notably efficacious; it is indicated especially when the heart's action is frequent and weak. It is unnecessary to give this remedy in doses of from half an ounce to an ounce of the tincture, as may be done with safety; half an ounce of the infusion every two or three hours will secure all the benefit to be obtained from it. Antimony is suited to a certain class of cases, namely those in which the symptoms are violent, and the patient robust, and the action of the heart strong.—*Flint's Clinical Medicine; Western Lancet.*

TREATMENT OF LUMBAGO.

The best treatment in acute lumbago, at first, is the application of cut cups to the muscle or muscles affected, to be followed immediately by narcotic fomentations in the shape of a bag of hops soaked in hot water, hot vinegar, or alcohol, and applied directly over the scarified parts. There are various stimulating and anodyne liniments which may also be used, as turpentine, ammonia, and camphor. Opium in the form of a ten grain Dover's powder, given early, relieves pain and produces diaphoresis. Atropia hypodermically (one eightieth of a grain) is valuable, but must not be given to nursing women. Morphia may also be given hypodermically (except in pregnancy), and these two remedies are usually the best in private practice when cut-cups cannot be used. Iodide of potassium, in doses of five to ten grains every three hours, gives very good results. Chronic lumbago is very stubborn. The most useful class of remedies are blisters, sinapisms, the actual cautery, etc. Local friction and *massage* conscientiously applied are often useful when counter-irritants fail. Tepid water may be applied, either in the shape of wet compresses kept in constant contact with the part, or in the form of a douche falling steadily upon the rheumatic muscles for some time from a height of eight to ten feet. The action of water, though slow, is a very permanent one. After the treatment by douche or by wet compresses the parts should be briskly rubbed with a coarse cloth or a skin brush, and then covered with cotton or wool or a piece of India-rubber cloth. The use of a metallic brush is sometimes advantageous, and finally tying the cloth over the lumbar regions and ironing them thoroughly two or three times every day, following this up with the application of some stimulating liniment, is often to be advised.—*Hosp. Gaz.*

SCIATICA—CHLOROFORM HYPODERMICALLY.

Dr. Besnier (*Lyons Med.*) thus formulates his treatment of sciatica, by subcutaneous injections of chlorofrom: "I can affirm that, with a good needle, a good syringe, and pure chlorofrom, we have no serious accidents to fear from this treatment, if we take the precautions to first introduce the needle alone; to pass it well *through* the skin, not simply into it; to see that the point of the needle does not prick the dermis far from the point of puncture; to notice that not a drop of blood comes from the latter, and then finally to adjust the filled syringe to the needle in place and make the injection. The needle being oiled, passes easily through the skin, without causing much pain, while injection itself only gives rise to a slight ing sensation, which soon passes away after the injection of a syringeful of form. I persist in beliving

which occur in these cases are due to the physician and not to the method. On the other hand, experience has demonstrated that chloroform advantageously takes the place of morphia in those who cannot support the latter, or who easily become addicted to its use. Certain cases of sciatica, to whom morphia had proved of no benefit, were quickly cured by chloroform. Others were only relieved, while others again were not at all helped. What are the precise indications for the use of chloroform? I cannot tell you.

"I make the first injection at the highest point; the next day lower down; the following day still lower. In some cases I make two or three injections the same day, which is equivalent to three or four grammes of chloroform. The dose may be gradually increased without danger. If after three or four days no result is obtained, this treatment had better be abandoned. In rebellious cases I proceed as follows: I inject an entire syringeful at the superior point, then a second near the great trochanter, a third near the head of the fibula, a fourth near the malleolus. I rarely have to repeat this many times."—*Detroit Lancet.*

QUINTUPLE BIRTH.

A woman living near New Glasgow, N. S., recently gave birth to five children, all of whom have, however, since died. Dr. P. D. Keyser, of this city, has exhibited to us a photograph of the quintuple babies lying side by side in their "little bed." The photograph was sent him by Dr. Hyde, of Truro, N. S., who stated that the children would probably have lived if they had had any chance. The parents were extremely poor, and lived six miles away from where any thing could be got for them. There was nothing in the house to even wrap them up in, and the doctor had to take the blind of the only window to make bandages.—*Phila. Med. Rep.*

THE DANGERS OF HABITUAL HEADACHE, AND OF INTELLECTUAL EXERTION OF THE EXHAUSTED BRAIN.

The following paper, by Dr. Treichler, of Bad Lenk-Bern, was read in the section of Psychiatry and Neurology, at the fifty-second meeting of the German Association of Natural Historians and Physicians, held at Baden-Baden, 1879. Pp. 234, 325 of *Tageblatt.*) Dr. Treichler says:—

According to my experience, habitual headache has considerably increased with boys and girls; it destroys much of the happiness and cheerfulness of life, produces anæmia and want of intellectual tone, and, what is worse, it reduces many a highly gifted and poetic soul to the level of a discontented drudge. Although it is more difficult to collect precise statistical data on habitual headache than on myopia, yet the result of various investigations at Darmstadt, Paris, and Neuenberg, goes to prove that one-third of the pupils suffer from it. Undoubtedly the principal cause is intellectual over-exertion, entailing work at night, and the insisting by parents on the too earnest taking up of a variety of subjects—music amongst the rest.

The pathological anatomical changes in the worst cases of this unhealthy condition I consider to be a disturbance created by anæmia in the nutrition of the ganglion cells of the cortex of the cerebrum. It is well known that a badly nourished brain is much more quickly fatigued by intellectual exertion than a brain in normal condition, just as is the case with the muscles.

A second cause of habitual headache is a passive dilatation of the blood vessels of the brain also connected with serious disturbances of nutrition, whereby the perivascular space around the capillary vessels is contracted, and the getting rid of used-up matter greatly impeded. Modern pathology now looks on progressive paralysis, in its earliest stage, as a vasomotor disturbance of nutrition of the cortex of the cerebrum, in which the vessels of the pia-mater get into a palsied condition of dilatation, and we have degeneration of the cortex of the brain produced by stagnation of the current of lymph.

When the ganglionic cells begin to be diseased by senile atrophy, the memories and scientific problems of youth are still clear, and can be reproduced, while the same ganglionic cells can no longer comprehend and work at new though much simpler scientific problems, and while, with regard to a thing of yesterday, the memory is uncertain. From this we may draw the following conclusions:—

1. That what the ganglion cells, when in their full health and vigour, have grasped, remains; so that, after the lapse of half a century, and with the beginning of disease, it may still be reproduced.

2. That the ganglion cells, diseased by old age, are, in reference to the accomplishment of work, like greatly exhausted ones, and have lost the power of understanding and abidingly taking in new and difficult ideas. The ganglion cells, therefore, can only take in new ideas, as an intellectual acquisition, so long as they are powerful, are not exhausted, and are nourished with healthy blood. The boundary line is drawn here quite as exactly as is the quantum of nourishment for the stomach of an invalid.

3. That the constant addition of fresh subjects in the teaching programme, making night-work necessary for the pupil when the ganglion cells are already exhausted, entirely defeats its object of enriching the intellect, because new ideas cannot then be really grasped, and confusion is

produced as to what has been learnt in a day. The great object of the school, therefore—earnest intellectual discipline, and the formation of the desire for continuous cultivation of the mind—is thereby frustrated.

Confusion in the intellectual powers of an overwrought pupil and his final gain, must be the same as that which would occur in a counting-house, where there were only means for the despatch of 100 letters a day, the daily number requiring attention being from 130 to 150. Confusion in the transaction of business and decreased gains would be the result.

VIBURNUM PRUNIFOLIUM IN THREATENED ABORTION.

The following case is reported in the *Transactions* of the Medical Society of the State of Virgina for 1879, by Dr. H. M. Gamble:—

February 8th, of the present year, I was called to see Mrs. V., and found her suffering with regular uterine pains. Pregnancy advanced to seventh month, os uteri dilated to size of a quarter of a dollar, amniotic fluid escaping with each pain. The patient had been upset in a sleigh the day before, but suffered no particular inconvenience at the time. After waiting several hours and finding no progress was being made in the labor, but on the contrary, the interval between the pains growing wider, after administering an opiate, I left her with instructions to take a teaspoonful of the fluid ext. of viburnum prunifolium three times a day. I was informed by the husband afterward that she had decided pains repeatedly, with the usual symptoms of approaching labor, but that a dose of the medicine never failed to relieve her entirely. Certain it is that she went to full term, and I delivered her of a large, healthy female child, weighing about ten pounds, on the fourth of April.

Whether or not the remedy had anything to do with preventing miscarriage is impossble to say, and I only speak of the case in order that others may test its powers in that way. Its mode of action is entirely unknown, but as we have remedies which exert a decided power over the impregnated uterus, I see no reason why there may not be others whose action shall be inhibitory. At any rate, I think the subject deserves further investigation.

INDICATIONS FOR TURNING.

Dr. Inverardi, in *Annali di Ostetricia, Ginecologica, e Pediatria*, December, 1879, after describing a number of cases in which turning was performed, in the Maternity, at Turin, arrives at these conclusions. 1. The belief entertained by some that in shoulder presentations turning is always indicated, is erroneous. 2. Turning is indicated, given the favorable conditions, such as complete dilatation, the membranes intact or only recently ruptured, the uterus presenting occasional intervals of relaxation, the pelvis not so contracted as to offer an excessive resistance to the passage of the fœtal body, and especially of the head; and that the presentation is not fixed or wedged. 3. In cases of vertex or face presentation, wedging of the presenting part renders turning impossible. This is true, though in a less degree, in shoulder presentations. 4. When the uterus is contracted and insinuated round the fœtus, the obstetrician must act differently, according as the fœtus is dead or alive. If it be living, evolution may be favored by traction on the arm or other means which do not imperil the life of the fœtus; greater confidence being placed in pelvic evolution since it has been shown to be easier, more frequent, and less dangerous to the mother than is generally believed. If this fail, embryotomy and the crotchet must be resorted to. If the fœtus be dead, the sooner embryotomy is performed the better. 5. In dorso-posterior positions, in performing embryotomy, it is preferable to decapitate; in dorso-anterior positions, it is better to eviscerate and divide the vertebral column. 6. When delivery is impossible after the above measures, turning may be used as a last resource.

CHOICE OF PURGATIVES.

In amenorrhea the best are aloes and myrrh pills.

In dropsies, the compound jalap powder.

In sciatica, the compound colocynth pills, of the compound decoction of aloes.

In hemorrhoids, the confection of senna.

In biliousness, a blue pill, followed up by a dose of Epsom salts (the blue pill acts on the duodenum, and hurries the bile downwards, while the salts cause the other part of the bowel to contract, and so evacuate the bile before it is reabsorbed.)

If a purgative does not act, the rule should be to repeat it once, and then, if necessary, give a copious warm-water enema.

From all I can see, I would say the less we make use of purgatives the better. Nature knows her own work, and if we take regular mental and bodily exercise, eat and drink moderately, we shall find this as a rule quite sufficient for keeping us in sound good health, and also for preserving a *mens sana in corpore sano*.—Dr. Page Atkinson in *Edinburgh Medical Journal; Med. Brief.*

A little bicarbonate of soda, added to the water in which the hands are washed after applying plaster-of-paris bandages, immediately removes the plaster.—*Western Lancet.*

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MONTREAL, JULY, 1880.

TO OUR SUBSCRIBERS.

We are drawing rapidly toward the end of our eighth volume, and we therefore think we are entitled to the year's subscription. Will our subscribers look at the date on their address label? In this way every subscriber can tell at once the date to which his subscription is paid.

The tri-annual meeting of the College of Physicians and Surgeons of this Province, which met in Montreal on the 14th of July, was attended by a large number of members, and an unusual degree of interest was manifested in the result. The total vote polled was considerably less than that cast in 1877. This is accounted for, we think, by the fact that a very large number of the members were of the opinion that the payment of the annual subscription of 1880–81 was not a necessary prelude to their being allowed to vote. A very large number of proxies were useless simply because the subscription for this year was not paid. We think it was a pity that there should have been any doubt left in the matter, for the statement appeared in one Medical Journal, giving a very prominent member of the College as an authority, that it was not necessary to pay for this year to entitle to vote. There are many changes in the personel of the Governors of the new Board. After the very bitter feeling existing between certain schools during the past two years we presume this was to have been expected, and, as both sides had ample time for preparation, the victory rested with those whose friends were the most numerous. We are glad, however, to notice that, in the flush of victory, no vindictiveness was shown when the election of officers came. Dr. R. P. Howard, who was elected to the Presidential chair, simply received what was his due years ago, occupying as he has done, the vice-chair for, we believe, three terms. No one has worked harder for the College than he has done, and the fact that his election was unanimous, speaks well for the feeling towards him from, speaking in Parliamentary language, what we might call, both sides of the house. Dr. Lemieux was re-elected vice-president for Quebec, and Dr. Trudel vice-president for Montreal, thus placing men from each of the contending schools in leading positions. There was some talk of re-placing Dr. Larue, the Registrar, and Dr. Lachapelle, the Treasurer, but it was finally decided to re-appoint then. In Dr. Lachapelle the College has a treasurer in whom it can place the most implicit confidence, and a thorough gentleman. We think they did wise to re appoint him. Dr. Larue has not been as successful in his office as we would have wished. This is, however, not due to Dr. Larue, whose kindness and courtesy is admitted by every one, but simply because the duties of the position have been beyond that which any man in practice can perform satisfactorily. To have displaced him, after the very strenuous exertions he has made to keep up with his duties, would not have been right. We are glad, therefore, that it was not done. Before another tri-annual meeting we hope to see the Act so amended that the College may appoint a Registrar who will be well paid, and who will devote his entire time to his duties. The re-election of Dr. Belleau as Secretary for Quebec was a foregone conclusion. It was unanimous. Dr. Belleau is a general favorite, and the College could not afford to do without his services. Dr. F. W. Campbell's election as Secretary for Quebec was done with a view of giving the English members a second official of their nationality, and was accepted by him after some persuasion on the part of his friends. We are glad to notice that Dr. Campbell got a committee appointed to suggest at the next meeting of the College at Quebec, in September, the best means to be adopted to protect the profession against unregistered practitioners. Dr. Campbell truly remarked that if the College expected the support of the profession, it must, without delay, take means to protect its members from the unlicensed practitioners throughout the country.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

This Society resuscitated ten years ago has progressed steadily, until to-day it embraces almost every English-speaking practitioner in the city of Montreal. It has met regularly every fortnight throughout the year in the Library of the Natural History Society, and although not much can be said against the rooms, yet not a few of the members felt that the Medical Society of the Metropolitan city of the Dominion of Canada should, in addition to having a name, have a local habitation of its own. For several years its retiring presidents have strongly urged this view, but for a considerable time the way did not seem clear. Last spring, however, matters seemed almost as it were to adapt themselves to the wants of the Society. Overtures were made to the proprietors of the Medical Hall on Phillips Square, who are shortly to remove to the corner of St. Catherine Street and Phillips Square, for a lease of the upper flat of the two buildings about to be occupied by them. In the most generous spirit it was met, and the result was-a lease was signed, and the necessary alterations commenced under the direction of a committee, the chairman of which was Dr. F. W. Campbell. The suite of rooms compose a lecture hall, a library and a reading room, and a committee and smoking room. The lecture hall is capable of seating in comfortable arm chairs over eighty members. It is carpeted with fine Brussels carpet, and has two chandeliers, each with 4 gas burners. The windows are curtained in crimson, and when the hall is lighted, its appearance is cozy to a degree. The library contains a handsome book case, in which has been placed over a hundred volumes contributed by Dr. Fenwick, of Montreal. It is believed that before a great many years the library will assume large proportions. This room is also luxuriously furnished. It contains a large table, on which will be found twelve of the most important medical journals (the Society having subscribed for them), while comfortable arm chairs every where abound. The flour is covered with cord matting, a new style now much in use, and it gives the room a light and airy appearance. The committee and smoking room is just the addition that was wanted, and it promises to be often patronized. The Society met for the first time in these rooms on the 27th of May last, and celebrated their opening in a quiet way. Dr. R. P. Howard, the President, occupied the chair, and made some appropriate introductory remarks. Dr. Mount, President of the *Société Médicale* (who was present by invitation), congratulated the Society upon its elegant apartments, and believed a good feeling did and always would exist between the two Medical Societies in Montreal. Dr. F. W. Campbell subsequently read a paper, which we will shortly publish. Dr. Hingston followed, giving the paper on "Certain Anæsthetics," which we published in our last number. Refreshments were subsequently served.

We congratulate the Society on the new start it has made. Montreal is at last beginning to show that she understands her duty. Before that duty is complete some of those who occupy advanced positions in the profession must cast aside their lethargy, put away their slippers, and take the place they should occupy in the Medico-Chirurgical Society of Montreal.

GRAND TRUNK DINING CARS.

Improvements in the style and method of conveying the public long distances have much more importance in a sanitary point of view than is generally supposed. A tedious night journey in a railway carriage previous to the introduction of sleeping cars left an effect upon the nervous system which took days to efface. This effect has been now reduced to a minimum by the luxurious Pullman Palace Cars, whose easy riding and noiseless motion renders travel in them most enjoyable. But the great bug-bear of long journeys is the horror of the Railway Eating House. "Ten minutes for refreshment" is altogether too short a time; no one can in this period thoroughly prepare—by mastication—food for gastric and intestinal digestion, sufficient for a meal. The result is, that the food is swallowed without preparation, and then ensue the usual train of symptoms, which indicate that the stomach rebels against such treatment. On many of the longer railways in the United States this difficulty has been met by having a dining car attached to the train, but till within the last two months

we have not had any such luxury on our Canadian lines. The Grand Trunk have, however, set a good example by now running a dining-car with each day express between Toronto and Montreal. The elegance of these cars are equal to anything similar on this continent, and the *cuisine* is under the direction of Mr. Potter, whose name is a household word in Montreal, standing as he does at the very head of his business. We have lately been able to practically experience the comfort attendant upon sitting quietly for three-quarters of an hour, taking dinner on one of these cars, while the train rattled along at the rate of thirty miles an hour. Compared to bolting cold apple or squash pie and scalding tea at a railway station, expecting every moment to hear "all aboard" sounding in your ears, which causes you to rush for the train, carrying the unfinished portion of your meal in your hand, it is indeed a luxury—not only a luxury, but a healthful change in the programme of railway travelling in Canada. Every one who travels should patronize them; other lines in Canada should adopt them—notably the Intercolonial.

TRI-ANNUAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

This meeting was held at Montreal on the 14th of July, and was very largely attended There was considerable excitement manifested concerning the election of Governors, and the result in many cases was a great surprise. We trust that the new board of Governors will, at the forthcoming meeting in September, decide upon some systematic means for the protection of the members of the College from the numerous quacks which infest especially our border towns. The total vote cast at the meeting was not equal to that of 1877. This is accounted for by the fact that a very large number of members have not paid for the current year 1880–81, which was due on the 1st of July, 1880. The number of proxies sacrificed on this score must have numbered several hundreds. The following gentlemen were elected officers and governors of the College for the next three years:—*President*,—R. P. Howard, M.D., Montreal. *Vice-Presidents*,—C. E. Lemieux, M.D., Quebec; E. H. Trudel, M.D., Montreal. *Secretaries*,—A. G. Belleau, M.D., Quebec; F. W. Campbell, M.D., Montreal. *Treasurer*,—E. P. Lachapelle, M.D., Montreal. *Registrar*,—Dr. L. LaRue, Quebec. *City of Quebec*,—Drs. J. A. Sewell, C. E. Lemieux, W. Marsden, A. G. Belleau, E. A. de St. George, L. Larue, C. S. Parke, R. F. Rinfret, sr. *District of Quebec*,—Drs. Jos. Marmette, Chs. Gingras, Hon. Theodore Robitaille, Alf. Simard, L. T. E. Rousseau, Come Rinfret, O. Bonin. *City of Montreal*,—Drs. A. H. David, F. W. Campbell, J. P. Rottot, E. P. Lachapelle, R. P. Howard, R. Craik, W. H. Hingston, E. H. Trudel, Edm. Robillard, T. A. Rodgers. *District of Montreal*,—Honble. L. R. Church, J. B. Gibson, N. H. Ladouceur, F. X. Perrault, Jules Prévost, Jos. Lanctot, L. D. Lafontaine, P. E. Mignault, E. Laberge. *District of Three Rivers*,—Honble. J. J. Ross, D. E. Desaulniers, E. Gervais. *District of St. Francis*,—F. J. Austin, E. Worthington, Thomas LaRue. *Assessors:* For Laval University (Quebec),—Drs. Marsden, P. Wells, Laval University (Montreal),—Drs. J. Reddy and Oliver Raymond. McGill University,—Drs. L. R. Church and P. E. Mignault. Bishop University,—Drs. Robillard and J. B. Gibson. Victoria University,—Drs. C. F. Painchaud, sr., and Angus Macdonell. After the election, Dr. Hingston proposed a resolution, which was seconded by Dr. Gibson, deprecating the action of individuals going to the Legislature with Bills affecting the profession, and advising that in future, before legislation should be asked for, the whole of the profession should be consulted as was the case in older countries. The motion was unanimously adopted.

LACTOPEPTINE.

We desire especially to draw the attention of the profession to *Lactopeptine*, as a remedy in cholera infantum, a disease undoubtedly of deranged digestion. The value of this remedy in the ordinary dyspepsia of adults is now an acknowledged fact, and its employment is therefore very great, but it is only within the past two seasons that it has been put on its trial in the diarrhœa of infantile life so common during our intense hot weather. Our own experience of it in this disease—fairly extensive—has been most gratifying, and we believe others in Mon-

treal have had similar results. The preparation we have used is that manufactured by the N.Y. Pharmacal Association, which is prepared for, and introduced solely to the Medical profession. They have lately made some improvements in its manufacture, the result of which is the production of a more elegant preparation.

PERSONAL.

Dr. Burke of Stanstead was on the 12th of June (the tenth anniversary of his marriage) presented by his patients and friends with a silver tea service.

Dr. Thomas Simpson, one of the physicians to the Montreal General Hospital, has been appointed Professor of Hygiene in Bishop's College Faculty of Medicine, *vice* Dr. Leprohon resigned.

Dr. Austin Flint, sr., of New York, was in Montreal early in July. His many admirers regret not being aware of his visit till he had gone.

REVIEWS.

The Microscope and Microscopical Technology: A Text-Book for Physicians and Students. By HEINRICH FREY, Professor of Medicine in the University of Zurich. Translated and Edited by George R. Cutter, M.D., Surgeon New York Eye and Ear Infirmary, etc. 388 Engravings on Wood. Second Edition. 8vo. Pp. 660. New York: Wm. Wood & Co. Montreal, Dawson Bros. Price, $6.00.

This is a very complete work, perhaps the most complete of its kind yet published, and is worthy the attention not alone of those who contemplate being microscopists, but of all engaged in microscopic work. Its translation is said by those capable of judging to be exceedingly truthful, and that the text does not always read as smoothly as one might desire is said to be due to the necessity which existed to follow the German somewhat literally. This is especially noticeable in the minute description of microscopic objects, which occurs very constantly throughout the work. The volume is divided into twenty-two chapters, the first ten being devoted to what might be called "Preliminary work," all the more important, however, to understand what follows. One chapter is devoted to a brief description of various microscopes, but, as might be anticipated, little is said concerning those of English makers. The chapter on the theory of microscopes is full of interest, and, being profusely illustrated by diagrams, will enable most people to thoroughly understand a subject which otherwise would be surrounded with not a few difficulties, and this notwithstanding the fact that the main features of it have formed a portion of our early education. The remaining chapters are full of interest to the Physiological student, being descriptive of the microscopic appearance and organization of the Blood, Lymph, Chyle, Mucus, Epithelium, Nails, Hair, Bones, Teeth, and the various other tissues of the body. Some additions have been made by the American translator (Dr. George R. Cutler of New York), and these are enclosed within brackets. They help to make the work more complete.

Paracentesis of the Pericardium. A consideration of the Surgical Treatment of Pericardial effusions. By JOHN B. ROBERTS, A.M., M.D., Lecturer on Anatomy in the Philadelphia School of Anatomy, with illustrations. Philadelphia, J. P. Lippincott & Co. Montreal, Dawson Bros., 1879.

This is a really very able and interesting monograph, upon a subject which is, perhaps, not as fully treated as it might be, even in works upon diseases of the heart. It is well written, and the arrangement is deserving of much praise. The first chapter is taken up with a description of the various causes and conditions which lead to effusions within the pericardial sac during the life. The symptoms, physical and otherwise, of the disease are considered in the second chapter, and the third chapter is devoted to treatment—which is divided into Medical and Surgical. Dr. Roberts says that if the Medical treatment does not produce absorption, paracentesis must be adopted, and the distended sac relieved. He describes various methods of operating, and gives a table showing the most encouraging results. We cannot too strongly recommend this little work of Dr. Roberts.

"*Lucie Rodey,*" *a Society Novel,* by HENRY GREVILLE, is published this day by T. B. Peterson & Brothers, Philadelphia.

All lovers of a good novel should get "Lucie Rodey" at once, as well as all other novels of Henry Greville as fast as they are issued, as no French authoress of to-day equals her in power

and interest. She never wrote a novel that was not excellent, and she has written several that prove her genius and art. With all she is versatile, and each work not only differs from those which preceded it in plot, incident and treatment, but marks a steady advance to that position of world-wide renown which is very certain to be assigned her. The character drawing in "Lucie Rodey" are marvellous in breadth and analyzation, and gives proof of rare artistic skill, while the most delicious fancies, expressed in graceful, poetical and vigorous language, render the author's style incomparably charming. Edmond About has just written a novel to prove the existence of domestic virtues in France, and Americans who, as a rule, know little of France, outside of Paris, are apt to deny the possibility of such—let them, therefore, read "Lucie Rodey," in which they will find the wife and mother "faithful unto death," though exposed to trials and temptations. "Lucie Rodey," teaches a lesson, which will be felt even by those who read it with breathless interest merely for the sake of the story. "Lucie Rodey" is published in a large square duodecimo volume, paper cover, price 50 cents, in uniform style with Petersons' editions of "Dosia," Saveli's Expiation," "Marrying off a Daughter," "Philomene's Marriages," "Pretty Little Countess Zina," "Sonia," "Gabrielle," and "A Friend," by Henry Greville, and will be found for sale by all Booksellers and News Agents, and on all Railroad Trains, or copies of it will be sent to any one, to any place, at once, on their remitting the price in a letter to the publishers, T. B. Peterson & Brothers, Philadelphia, Pa.

PHARMACEUTICAL ASSOCIATION OF THE PROVINCE OF QUEBEC.

The tenth annual meeting of the Pharmaceutical Association of the Province of Quebec was held in Laval University, Quebec, on Tuesday, 8th June, 1880. Alex. Manson, Esq., President, was in the chair.

The minutes of the last annual meeting being read and confirmed, the President delivered the customary address, an able document, which was well received by the members.

The Registrar then read the annual report of the council, and also the treasurer's financial statement. Mention was made in the report of the action of the council in the case of a druggist who, although not a licentiate of the association, persisted in conducting a pharmacy in Montreal.

After every opportunity had been given him of disposing of the store, or making other arrangements, the council was compelled to take proceedings against him. This was done, and a conviction obtained against him before the police magistrate for $5 and costs, or ten days' imprisonment. Still he persisted in breaking the law, when further proceedings were taken and another conviction obtained, and the same penalty imposed. This time, however, his counsel advised him to appeal to the Superior Court on a writ of certiorari. He did so, but the certiorari was dismissed, and the decision of the magistrate therefore maintained. Further proceedings are now in progress, but it is hoped he will not put the council to the painful necessity of bringing him before the court again.

The number of licentiates on the register at the present time is 108, of certified clerks 35, and of apprentices 66.

The Board of Examiners held their usual annual examination in Montreal in April last, when five gentlemen presented themselves for the major examination and seven for the minor. Of this number four passed the major and three the minor.

The financial statement having been read by the Treasurer, Mr. Kerry, and laid on the table for inspection, was examined and found correct by the Auditors.

The election of Council was then proceeded with, and the following gentlemen were declared duly elected; Messrs. H. R. Gray, Hy. Lyman, Jno. Kerry, H. F. Jackson, W. E. Brunet, J. D. L. Ambrosse, R. McLeod, and J. A. Harte. They, with the following gentlemen, who remained in office by rotation, viz: Messrs. E. Giroux, A. Manson, E. Muir, and W. A. Dyer, will constitute the Council for the present year. Messrs. D. Watson and R. Dugal were elected Auditors.

At a subsequent meeting of the newly-elected council, held on Tuesday, 15th June, the following were duly elected officers of the Association, and members of the Board of Examiners:

President.—Alex. Manson; *Vice-Presidents.*—H. F. Jackson, R. McLeod; *Treasurer.*—Jno. Kerry; *Registrar.*—N. Mercer.

Board of Examiners, A. Manson, H. F. Jackson, H. R. Gray, R. McLeod, J. D. L. Ambrosse, J. B. Martel, N. Mercer.

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VOL. VIII. MONTREAL, AUGUST, 1880 No. 11.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

Ovariotomy—Recovery, by Dr. Wilkins, Professor of Physiology, University of Bishop's College. 277

PROGRESS OF MEDICAL SCIENCE

Hager's Digestive Pellets (*Globuli peptici*), 279—Iodide of Potassium, 279 — Convulsions in Children, by A. A. Smith, M.D., 280—Sleeplessness from Thought, 287—Treatment for Stammering, 288—The Origin of the Stethoscope, 288—Ergot in Congestive Dysmenorrhœa, 289—An Emetic for Infants, 289—A New Remedy for Epilepsy, 289—Double Pneumonia and Abortion, 289 — Dextro-Quinine in Periodical Hemicrania, by C. A. Bryce, M.D., 290 — Sympathetic Nervous Cough of Pregnancy, 290 —Treatment of Phagedenic Chancres, by Mr. Jonathan Hutchinson, 291—Vaseline as a Base for Ointments, 291—A Simple Method of Evacuating Small Calculi, 291—Removal of Moles (Nævus), 291—Treatment of Hemorrhoids, 291—To prevent Headache from Tincture of Iron, 291 — Iodoform in Chronic Arthritis, 291 — Hoarseness—Borax and Nitrate of Potassium, 292 — Administration of Castor Oil, 292 — Treatment of Pneumonia, 292—The Treatment of Pulmonary Hemorrhage, 292—A Clinical Lecture on Amenorrhea and Dysmenorrhea, by Wm. Goodell, M.D., 293—Digestion and Absorption in the Large Intestine, 294—A Perfect Solution of Salicylic Acid, 295—Necessity of Providing Children with Water to Drink, 296—Pill Varnish (Hager), 296—Treatment of Barber's Itch, 296 — Prompt Renewals, 296 — Creasote and Phthisis, 296—Calomel, 296 — Ice in Croup, 297 —Suggestion for Treating Swollen Fingers, 297—Villate's Mixture in the Treatment of Sinuses, 297—Aristocratic Remedy for Itch, 298 —Filling Teeth after Extraction—Replacement in Alveolar Cavities. Successful..... 298

EDITORIAL.

Canada Medical Association, 298—College of Physicians and Surgeons of Quebec, 298 — Clorinda, 298—Personal, 299—Reviews.....299

Original Communications.

MONTREAL GENERAL HOSPITAL.

OVARIOTOMY—RECOVERY.

By Dr. WILKINS, Professor of Physiology, University of Bishop's College.

HISTORY.—Catherine B. McM.—,widow, aged 60, dressmaker, was first admitted into Hospital under my care on the 19th September, 1877. She has been pregnant ten times, has had two miscarriages, and also has had ten children in eight pregnancies (twins twice). Menstruation was always regular, commenced when she was fourteen years of age and lasted until she was forty-five, the menstrual flow lasting six or seven days. Since the birth of last child, twenty years ago, she says she noticed a lump in left side, but it is only within a year previous to her first entering hospital that it pained her, since which time it has grown very rapidly, so much so that respiration and progression were rendered very difficult. During the whole of this time she has had pain on defecation.

SYMPTOMS ON ADMISSION.—The abdomen is tense, and measures at its greatest circumference thirty-nine inches. A large hard mass can be felt occupying the lower part of abdominal cavity; a little to the left of this mass a cyst can be felt containing fluid. Per vaginam a semi-fluctuating immoveable mass can be felt. Sound enters uterus three inches, passing directly forward. She suffers very much from frequency of micturition.

On consultation with other members of the Hospital staff, taking into consideration the rapid growth of the tumor latterly, and risk consequent in performing ovariotomy in a general hospital, it was considered advisable not to attempt to remove the tumor, but simply to relieve symptoms by paracentesis. Forty ounces of a dark grumous fluid were removed, affording very considerable relief to the patient, and in a few days she was dismissed.

About seven or eight months subsequent to her dismissal from Hospital she again consulted me, begging me to operate, no matter what the consequences might be, as she could not exist long in the condition in which she then was. She had a very haggard appearance, was very much wasted, and appeared to be suffering agony. I placed before her the extreme danger there was in such operations being performed in a general hospital. Notwithstanding this she still persisted in her request no matter what the consequences might be.

At my request the Committee of Management of the Hospital very kindly placed a private ward at my disposal. I had it thoroughly renovated, the floor and other woodwork washed

with carbolic soap, and the walls all freshly tinted.

Patient was readmitted into hospital on the thirty-first of May, 1878. She says she had been confined to bed ever since last September. Last November there was great anasarca of both legs. She suffers from frequent micturition, being obliged to make water about every hour; sometimes, on the other hand, she has retention of urine. She is prevented from resting well at night on account of the severe pains over the seat of the tumor.

MEASUREMENTS.

Greatest measurement around abdomen	42 inches.
From right spine of ilium to umbilicus	9 "
From left	9¾ "
" Ensiform cartilege	7 "
" Symphisis pubis	7½ "

HEART.—Apex beat by inspection not perceptible; by palpation, feeble but in the normal position; by auscultation, sounds all normal.

LUNGS, by inspection, expansion seems good; by auscultation, in both subclavicular regions, slight mucus rales are to be heard. Percussion souds normal. Superficial veins of chest are enlarged.

LIVER, dulness normal. Umbilicus completely obliterated. Veins of abdomen enlarged. Ensiform cartilege considerably everted.

A large hard mass can be felt in the right lumbar and adjoining portion of umbilical region; immediately to the left, outlines of two cysts can be plainly seen, one apparently the size of an orange. Fluctuation was very marked at both sides of abdomen as well as in these two cysts. There was considerable tenderness in the region of the cysts.

Patient kept under observation for three days; her temperature, pulse, amount of urine and of urea excreted per diem were all ascertained. Her urine was also tested for albumen and for sugar, neither of which were present. The day previous to the operation her bowels were freely moved by the administration of castor oil, and on the morning of the operation an enema was given completely emptying the bowels. Her diet for the three days previous to operating was limited to milk and beef tea, omitting the latter on the day previous to the operation.

June the 4th, I proceeded to operate with the assistance of Dr. Roddick. Patient was put under the influence of ether. A large rubber sheet with an oval opening in the centre, 8 x 6, was smeared around the edges of the opening with adhesive plaster; these edges were caused to adhere to patient's abdomen, the lower edge of the opening being adherent just above the pubis, and the upper edge about two inches above umbilicus. The exposed part of the abdomen was washed with solution of carbolic acid and the spray of two Lister's apparatus placed opposite one another, directed over this part of the abdomen. Both sprays were kept working until the completion of the operation. An incision was made in the median line, commencing about an inch below umbilicus, and continued downwards until within about two inches of symphisis pubis. The different layers of the abdominal wall were cautiously divided until the peritoneum was reached, when it was divided on a director, and the walls of the cysts came into view.

As soon as the peritoneum was divided a very large quantity of ascitic fluid escaped, in all about eighty ounces. On introducing the hand into the abdominal cavity, the cyst was found to be adherent at the sides to the peritoneum, and above to the mesentery and portions of the small intestine. Adhesions to the intestine were of older date, and some of them so firm that it was impossible to separate them, in which case the cysts were emptied and the adherent portion of the walls left attached to the intestine. The walls of some of the cysts were so very thin that in manipulating with the tumor before removal they were unavoidably ruptured, the fluid escaping into the abdominal cavity. Flannels wrung out of hot water were used to protect the bowels when much exposed. After the adhesions were separated—a very slow proceeding—the pedicle was clamped, the peritoneal cavity sponged out with carbolic acid lotion. The right ovary was found to be perfectly normal. The edges of the opening were now brought together, the pedicle being secured outside. Antiseptic dressings were applied, and the patient put to bed. Hot water bottles were applied to her feet, a morphia suppository introduced into rectum, and she was immediately placed on full doses of opium.

For the first five days after the operation the catheter was passed every six hours.

Immediately after the operation the temperature was 96°.8, the pulse 92; three hours later, the temperature became normal, and did not begin to rise above normal until midnight, when it reached 100°.4 (pulse 104), falling again next morning to normal (pulse 84). At mid-day temperature reached 101° (pulse 112), its highest point. From this time forward both temperature and pulse approached the normal, the temperature becoming so on the second day after the operation, the pulse being much more tardy in regaining its normal frequency. The amount of urine secreted during the three days preceding the operation averaged daily twenty-four ounces, sp. gr. 1009, average percentage of urea .005. The three days following operation average amount of urine secreted was thirteen ounces, the percentage of urea being for the same days .02, .029, and .0185, after which it rapidly diminished, averaging for the six following days .015, the amount of urine being at least double, one day twenty-eight ounces, the next thirty-four, and the following day twenty-six ounces. The tumor is multilocular cystic, and when the larger cysts were emptied weighed seventy-two ounces; when examined under the microscope, the walls of the cysts were found to consist almost entirely of connective tissue, having the layer next the fluid in the cyst lined with cylindrical epithelium, some of the cells assuming more of a goblet shape. The contents of the cysts were of a very varied character, dependent apparently on their size, the smaller ones containing a gelatinous fluid, whilst the larger ones contained fluid which appeared to differ very little from ascitic fluid.

There are two or three points in connection with this particular operation to which I wish to draw attention: In the first place, with respect to performing this operation in a general hospital. Almost all who have written on the subject say that it should not be performed in a general hospital, because of the greater mortality in those cases, due either to peritonitis or septacæmia. There are, no doubt, grave objections, but these have been overcome by the isolation of the patient in a ward which had just been thoroughly renovated, and more especially by the use of the antiseptic spray. In this case I think a matter of some importance is the form of antiseptic fluid, that which I used being absolute Phenol, which was then used for the first time in the Hospital. It is much less irritating than carbolic acid, and consequently more valuable where the serous membranes are exposed.

Another manner in which I believe the spray to have proved useful, aside from all consideration of Germ theory, is the fact that when one of the cysts was accidentally ruptured, allowing its irritating contents to escape into the abdominal cavity, the serous membrane was less susceptible to irritative action through its previous bathing in the antiseptic fluid. The contents of ovarian cysts, especially after being once tapped, are of such an irritative character that, when escaping into the abdominal cavity, are a frequent cause of peritonitis, one of the commonest causes of death after this operation.

Progress of Medical Science.

HAGER'S DIGESTIVE PELLETS (*Globuli peptici*).

Dr. Herman Hager recommends the following compound as an excellent digestive, to be taken after a hardy meal:

Cinchonidia sulphate	5.0 grm.
Pepsin (*not* saccharated)	30.0 "
Ginger, powd	3.0 "
Cardamoms, powd	3.0 "
Pimento, powd	3.0 "
Gentian root, powd	6.0 "
Althæa root, powd	6.0 "
Tragacanth, powd	6.0 "

Mix and add to them a mixture of

Glycerin	10.0 "
Hydrochloric acid	6.0 "
Water	6.0 "

Make into 300 (to 360) pills or globules, dry them in the open air for about 10 hours, and cover them with pill-varnish (see page 296)—These pellets are useful either after a hearty meal, or defective appetite or digestion.

In the former case, according to the degree of "fulness" felt, 4–5 or at most 6 pellets are taken, which, in the course of one hour, will cause the sensation to disappear. In defective appetite 1 to 2 pellets may be taken two or three times before the meal in intervals of one hour, and immediately after the meal 3–4 pellets. Children may take 1 to 2. In gastric disturbances one pellet may be taken every 30 minutes or every hour, best with water a little.—*Pharm. Centralh.*, 1880, 37.

IODIDE OF POTASSIUM is decomposed by all acids and acidulous salts, except cream of tartar. Most of the metallic salts decompose it. If iodide of potassium and spirit of nitrous ether

are ordered in a mixture, the latter must be carefully neutralized before it is used.

CONVULSIONS IN CHILDREN.

By A. A. Smith, M.D., Prof. Mat. Med. and Therapeutics, and Clinical Medicine in the Bellevue Hospital Medical College, New York.

It is not my intention to undertake an exhaustive discussion of the subject of convulsions in children, but rather to call attention to a few practical points; nor have I chosen the subject "Infantile Convulsions," as my remarks will apply to both infants and older children. In going over the literature of the subject, I have been struck by a statement made by most authors, that convulsions in children not dependent on organic disease of the brain are rarely ever serious. Certainly such a statement is calculated to mislead particularly the young practitioner, and put him off his guard; and especially will he be off his guard if he happen to have seen several cases of convulsions in which there was but one convulsion, and the child recovered rapidly, and there were no bad sequelæ. If we admit that only one case in a hundred *may* be dangerous, then the statement I have referred to must at least be modified. *Any* case of convulsions may be dangerous, and we should, therefore, always be on our guard for that one case, to study all cases carefully, and be reserved in our prognosis.

The age at which children are most apt to develop convulsions is perhaps still a disputed question, but it is probably the period of dentition—from 6 to 28 months. It is not alone because dentition is occurring at this period, but in addition there are other active processes of development going on. The nervous system of the child is much more impressible than that of the adult, and during this dentition period is developing very rapidly, perhaps more so than at any other period; unless we except the period of puberty, and even this exception is doubtful. Some children are much more liable to develop convulsions than others, and, even in the same family, sometimes one child from a slight cause will have a convulsion, while another will have comparatively little disturbance of the nervous system from much more severe causes. Usually, however, the tendency to disturbance of the nervous system runs in families, affecting one in one way, and another in an entirely different way. When I see a child capable of having an elevation of temperature as great as 105° F. from an attack of indigestion, even though no convulsion occur, I feel quite certain that the nervous system of that child is very susceptible to slight influences, and I always try to be especially watchful of it in any illness, for fear that a more severe cause may produce a very stormy outburst. If there is a general cause in families for this tendency to disturbances of the nervous system, we must look for it back of the children. In other words, inherited tendencies play an important part in the etiology. It is more than probable that the unknown and unexplained predisposition to convulsions in some children is given them by their parents, and in the majority of the cases by the mother. The tendency to transmit "nervousness," as it is called, is easily recognized. Only a few days ago, a young mother said to me, "it is no wonder my baby is so nervous and sensitive, for when I was carrying her, I was a bundle of nerves. I was unable to sleep sometimes because of nervousness, and frequently I have arisen in the night to wash my hands and face, which seemed always to soothe me." Could not something have been done during pregnancy to lessen, to a certain extent at least, the nervous sensitiveness of the child? Under the head of treatment, I shall refer to this question again.

Another interesting question suggests itself just here, in connection with the view held by many good observers that diseases of the nervous system are greatly on the increase among Americans. If these diseases are on the increase, and if the view is a correct one that the predisposition to convulsions is transmitted to children by their parents, then the subject of convulsions in children becomes one of still greater importance to us, as American physicians, than it has ever been before.

In some cases of convulsions in children, it is possible to trace a history of convulsions in the childhood of the mother. This I have been able to do in a few cases which have come under my observation. The statistics on this point are very meagre, and are only sufficient to strengthen slightly the argument for the transmissibility of the tendency.

The question as to whether puerperal convulsions create a tendency to convulsion in the child is one that has been considerably discussed. The weight of opinion is, that puerperal convulsions do not leave a permanent tendency to convulsions in the child. If the convulsions in the mother are uremic, the same poison may produce convulsions in the child the first few days after birth, but not later.

It is a well-established fact that children with the rickety diathesis are very susceptible to the influences which produce convulsions. This is a point of great practical importance, as I shall endeavor to show when I come to consider the treatment. All observers agree that in a certain proportion of cases rickets may be traced, but Gee makes the proportion the largest of any. Out of 61 cases of convulsions, he found rickets in 56 of them, certainly a proportion sufficiently large to make the few remaining cases the exceptions to a rule. His observations, however, were all made among the children of the poor.

The subject of the feeding of children seems

to be a vexed one. Young children no doubt suffer from many of their illnesses because of injudicious feeding. If one is called to a child suffering from a convulsion, which has developed soon after eating, naturally he will presume that the convulsion has something to do with the condition of the stomach, although this diagnosis will not always be correct. If, with this presumption, the nurse boasts that the child has eaten particularly well at his last meal, an emetic will probably reveal the immediate exciting cause when the child gets rid, by vomiting, of a large quantity of food, and a great mixture as to quality.

Overfeeding undoubtedly often produces convulsions, and I repeat, such convulsions may be serious. Is it not a serious matter, when we see that, in a post-mortem examination of a child who had died during a convulsion, nothing was found to account for the death except a very full stomach? I have found the reports of quite a number of such cases.

Unwise feeding, too, often results in convulsions. Any diet which produces indigestion in the child may be the exciting cause of convulsions. The habit of giving starchy food too early, and likewise animal food, is a pernicious one. The giving to young children a little of everything, as is often done, is calculated to do mischief. In a large proportion of cases of convulsions in children, not dependent upon organic disease of the brain or spinal cord, the exciting cause may be found in some error in diet; and even in cases of organic disease, the exciting cause may often be found in an attack of disturbance of digestion. Malarial poison is accountable for convulsions sometimes. During the fall of 1872, I had the opportunity of seeing many cases of malaria in one form and another in the practice of Drs. Lente and Murdock at Cold Spring. It was not at all uncommon to be called to see a child somewhere under three years of age suffering from convulsions, which were considered to be due to malarial poison. As, in relating the histories of some of these cases to medical friends, some doubt was expressed as to the diagnosis, it may not be out of place to give some of the reasons for such diagnosis. If a child has a paroxysm of intermittent fever—chill, fever and perspiration—every day for four days; on the fifth day, at the time the chill ought to occur, the child is seized with a violent convulsion, perhaps several in succession, followed by fever and perspiration, and the same again on the sixth day, it is fair to presume the convulsions were due to malarial poison, and that the convulsion has merely taken the place of a chill. If there be no return of the convulsions or chills, after the child has had given it full doses of quinine, the presumption becomes still stronger. If the quinine be stopped, and after a time the paroxysms return along with the convulsions, and then again these symptoms all disappear quickly under the influence of the quinine, the presumption becomes as near a certainty as anything in medicine. I observed such a sequence of events time and again, during my two months' stay at Cold Spring. I ought to say that, in some portions of the village, the atmosphere seemed very highly charged with malarial poison, and when we were called to see patients in those quarters, we almost took it for granted the convulsions were due to malaria. I find very little in the books on malarial poison as a cause of convulsions in children, and where it is referred to, it is spoken of as indicating the pernicious form. The cases I saw at Cold Spring were apparently all of the simple form, at least they all recovered. It is not alone in malaria that a convulsion takes the place of the chill, for one frequently sees this at the ushering in of pneumonia. At the beginning of certain acute diseases, not usually ushered in by a chill, we sometimes find a convulsion occurring: scarlet fever, measles, small-pox, diphtheria, etc. It is still a question what it is which produces the convulsion in these diseases; whether the special poison itself, or the high temperature, or possibly the sudden hyperemia of the brain which is thought by some to occur. May it not be that, in all these cases, there is that pre-existing and unexplained tendency to convulsions which I have referred to? Convulsions occurring at the beginning of diseases need not usually be regarded as dangerous. Sydenham thought that a convulsion at the beginning of an exanthem indicated that the attack would be mild; but in the majority of cases now, where convulsions usher in the attack, the disease is severe.

A convulsion occurring in the course of an acute disease, particularly if it occurs toward the close of it, is a grave symptom, and should lead us to make an unfavorable prognosis. It should not be forgotten that, in the child as in the adult, a convulsion may be due to uremic poisoning; and the prognosis in such a case will, of course, be based to a certain extent upon the amount of renal disease present. In the course of whooping-cough, a convulsion is an especially grave symptom if it is a complication of the whooping-cough, and is not dependent upon dentition or some disturbance in the alimentary canal. Convulsions in whooping-cough are thought to be due, in some cases, to direct irritation of the membranes of the brain and medulla oblongata, and in others to congestion of the brain, dependent mainly on interference with the pulmonary circulation. The most dangerous convulsions in children are those which in their course affect especially the respiratory system, and which, by their frequency, keep the child in an almost comatose condition.

Does syphilis ever produce convulsions in

children? Cases have been recorded in which post-mortem examination of children dead of convulsion have been made, and gummy tumors found within the calvarium. We have seen that, in a large proportion of cases of convulsions, the rickety diathesis existed. Many continental and some English physicians believe that rickets is but another phase of syphilis. I have found some recorded cases of unmistakeable evidences of congenital syphilis, in which convulsions occurred during the first three months of life. During my term of service as an interne in Bellevue Hospital I saw a case of this kind. A woman was confined under my care, who had had syphilis five years before. The child, a male, had evidences of syphilis when he was seven days old. When he was fifteen days old, he had his first convulsion, and during the following ten days he had a number of them, some days having three. He was put upon antisyphilitic treatment (inunctions of mercurials), with but little hope of his surviving. He did, however, and improved very rapidly, so that when he was twenty-five days old his convulsions ceased; and when he left the hospital, at five weeks of age, he gave evidences of development which were encouraging. He was not allowed to nurse the mother, but was put upon hospital milk. After the mother left the hospital she kept up the inunctions. I saw the mother again when the child was five months of age, and she said he was an exceptionally fine and healthy-looking child.

Many observers believe that the child *in utero* may have convulsions, and that many of the deformities, such as paralyses, club-feet, etc., are due to convulsions *in utero*. The opinion can only be based on theory, as the evidence is not clear that any one has ever diagnosed the disease *in utero*.

We are often, while attending a child with convulsion, asked the question by anxious parents: "Is the child more apt to have further convulsions, having had them once; and are they likely to leave any permanent disturbance? Like most questions, this one is more easily asked than answered. If there is clear evidence of some direct source of irritation, and we can remove it, we hope the child will remain free from convulsions in all the future; but we cannot always say that such will be the case. Nervous excitability, which shows itself in a tendency to develop convulsions in childhood upon a slight provocation, may later in life develop into a more serious disease—namely, epilepsy. There may be a latent tendency to epilepsy, which is brought out by convulsions due to some slight cause. Hughlings Jackson says, "epilepsy in adults not rarely dates from convulsions in infancy." It is hardly probable that the convulsion in infancy ever has any direct relation with the development of epilepsy in the adult, other than the relation that any disturbance of the nervous system in the child may have with the latent tendency to epilepsy. Certainly, not all epileptics have had convulsions in childhood; and many children have had convulsions who have never developed epilepsy in later life. It is fair to presume that, if a child has convulsions, and develops epilepsy later in life, there already existed in that child the pathological changes which result in epilepsy.

Some cases have been reported in which idiocy, or at least some defect in intellect and paralysis, resulted from convulsions in childhood; the child having been free from such defects, so far as could be judged, previous to the development of the convulsions. It would seem almost impossible that functional disturbances of the nervous system could lead to such permanent changes in the central nervous system as to produce such effects, unless there existed, previous to the attack of convulsions, some lesion of the brain or spinal cord; and yet, upon theoretical grounds, it would seem just as impossible that such stormy outbursts as we see in convulsions should occur, and not leave permanent ills behind them. It is astonishing how many and how violent convulsions a child may have from even slight causes, and yet apparently recover completely and have no bad sequelæ.

A report of a case has appeared recently in one of the journals, which bears on this point.

"A child under one year of age suffered for several weeks from convulsions which varied in severity, and were frequently repeated. It appeared to be healthy in all other respects. All the usual methods of treatment were employed without success. At last the mother noticed the end of a hair lodged between the two incisors of the child, and in drawing upon it, removed a hair nearly a yard in length, which had hung down into the throat of the little patient." After the removal of this foreign body the convulsions ceased as if by enchantment, and the child recovered completely.

If convulsions are violent and frequently repeated, it would seem that they must leave some permanent disturbance. Possibly in some cases such disturbance does remain, but is attributed to other causes.

It would be interesting to know whether convulsions in children are purely a disorder belonging to civilized life. I know of no observations which have been made to ascertain whether the children of savages ever have convulsions.

Treatment.—I will take up the points of treatment under three heads: The management of the immediate attack, the prophylaxis of convulsions, and the treatment subsequent to the attack. It may simplify the subject to name over the remedies we have for meeting the immediate attack, and then discuss their merits and special indications.

Anesthetics, opium, chloral, the bromides, hot

bath, veratrum viride, stimulants, emetics, cathartics, calomel, and the cold bath.

When called to see a child with a convulsion, the first endeavor, if the child be in a convulsion at the time, should be to arrest it; or, if another is about developing, to anticipate it. We have no agent for this purpose equal to the anesthetics, preferably chloroform. Whatever the cause of the convulsions, whether due to organic disease or to functional disturbance, they should be held in check by the inhalation of the anesthetic, and then the cause may be ascertained if possible.

If the convulsions be due to pain anywhere, the remedy of the greatest service is opium, with perhaps two exceptions. If the cause be an external irritant, such as a pin pricking the skin or a very tight abdominal bandage, these can be quickly removed and there will be no necessity for the opium. The other exception is pain from a full stomach. In such a case, an emetic will answer a better purpose. In all other cases of convulsions accompanied with pain, I would use opium, if the child be more than four months of age. Convulsions dependent on the pain from teething should first be controlled by opium, and then the gums should be lanced. The very effort to lance the gums, before the convulsions are controlled by opium or some other such agent, will probably cause the child to have another.

Convulsions dependent upon abdominal pain, due to indigestion from some error in feeding, or from having swallowed some substance which acts as a foreign body, should first be controlled by opium and then a cathartic given. And under this head may be included the irritation due to worms in the intestines, although where there are worms the convulsions are not always due simply to the pain. The object should be first to control the irritated nervous system, and then to remove the cause. There can be no objection to giving the opiate and cathartic together; indeed this is the plan I usually follow. If there is reason to believe that the irritating cause is in the rectum, or near it, and an enema is indicated, an opium should be given first, the child allowed to get sufficiently under the influence of it to control the convulsion, and then the enema may be given. I believe this to be better practice than to attempt to remove the cause before first quieting the nervous system. The very attempt to give the enema agitates an already over-excited nervous system. The opium is especialty indicated if the convulsions be due to earache, as is frequently the case. In giving opium for the control of convulsions, it is desirable to give it in full doses, and repeat it as often as every half-hour until they are controlled.

Convulsions due to malarial poison, although not attended with pain, yield to opium more promptly than to any other treatment. Having controlled the convulsions accompanying one paroxysm of malaria, the endeavor should be to get the child fully under the influence of quinine or some other anti-malarial agent before the time for the next paroxysm to occur. As bearing on this point I will read some extracts from a letter I have received from my friend Dr. Murdock, of Cold Spring:

"I have happened to treat a pretty large number of cases of convulsions occurring in quite young children, from eccentric causes, chiefly malarial. I saw the bulk of these several years ago, when malaria was very prevalent and severe here, and when, during July, August, and September, malarial convulsions were of almost daily occurrence in the practice of Dr. Lente and myself. The use of opium in some form, to control the convulsions until the paroxysm should pass over and sufficient time elapse to permit the attack to be broken up by quinine or other remedy, was a matter of almost routine practice with us. In those cases I came to give opium without hesitation, and found there was usually great tolerance of it. To a child six months or a year old, I would give perhaps five drops of McMunn's elixir every thirty or forty minutes until the convulsions were controlled or the pupil began to contract. I recall now one very severe case of convulsions (malarial), in which I gave between fifty and sixty drops of McMunn's, to a child four months old, within seven hours."

I quote from this letter to show the frequent occurrence of convulsions in children in malarious regions, the tolerance of opium, and the results of the opium treatment. Dr. Murdock, in the same letter, states that he never lost one of these cases.

Not only is there great tolerance of the opium in malarial convulsions, but in all cases of convulsions in which its use is indicated there is great tolerance. A sufficient irritation of the nervous system to result in convulsions would seem to demand a remedy of considerable power to overcome it.

I have referred to the lancing of the gums when dentition is the cause of the convulsions. I am aware of the differences of opinion among physicians as to the advisability of lancing the gums under any circumstances. I have no new facts to present on this much discussed question; I feel convinced that the eruption of the teeth is often attended with sufficient irritation of the nervous system to produce convulsions. If the gums are swollen and hot, they ought to be lanced. I will go further. It it is time for the eruption of a tooth, I believe the gum ought to be scarified over the spot, for often, I believe, the irration is due to the pressure deep in, and there may be no evidence on the surface of this pressure. It is contended by many that the tissues over the tooth harden after the lancing, and thus delay the advance of the tooth. I

do not accept this view. It has been proven that the spongy tissues of the gums do not form a cicatrix which is harder than the original tissue. I wish to put myself on record as decidedly favoring the lancing of the gums when indicated. Whatever theories may teach us, or attempt to teach us, clinical observation, it seems to me, is conclusive to the effect that the lancing of the gums is frequently attended with marked relief. A mistake is often made in being satisfied when the gums are found swollen, and the observer looks no further. Every case of convulsions in children ought to be most carefully investigated, not only for positive evidences, but also for negative, to exclude causes as well as to find exact ones.

I am often asked by mothers, "What shall I do in case the baby has convulsions?"

As an opiate is indicated in the great majority of cases, I usually tell the mother to give paregoric if the baby is over four months of age, giving explicit directions as to the dose, and to repeat it every half-hour until the convulsions are controlled, or she has obtained a physician. If under four months of age, I direct to give a a mixture of bromide and chloral for which I give a prescription, in which each teaspoonful shall contain one grain each of these remedies and bicarbonate of soda. As before this age the convulsions, in the great majority of cases, are due to gastric or intestinal colic, this combination meets the indication, and the two seem to relieve better than either alone. To a child under six weeks, a teaspoonful may be given every hour or two in warm sweetened water. After six weeks and up to four months, double this quantity may be given every hour, or two hours, according to the frequency and violence of the convulsions. If there still remains indigestible food in the alimentary canal, it should be removed. In these young children, even though there be evidence of organic brain disease, I know of no better treatment than this combination of bromide and chloral. The mother usually says: "Of course, I must put the baby in a hot mustard bath!" to which I reply, "Of course, you must not." Now I dislike to criticise unfavorably a practice which has become traditional, and which is used by the large majority of physicians to-day, and every text book I have looked at recommends the hot bath in convulsions. I have great respect for traditional remedies, but I confess I very early became skeptical as to the advisability of the hot bath; and the more I have seen of it, the more I have become convinced that it is not good treatment. Almost invariably the child has one or more convulsions in the bath, the very agitation of giving the bath adding to the disturbance of an already excited nervous system. Perhaps many give it with the same feeling that a medical friend of mine does. When I spoke to him of the hot-bath treatment he said: "I always feel that I must show the mother I am doing something, and as the hot bath has been given from time immemorial, I always give it as the most harmless way of showing it." All of which may be very commendable; but if what I have stated early in this paper be correct, namely, that *any* convulsion *may* be dangerous, and if the view be correct that the hot bath usually produces one or more additional convulsions, then it is not a harmless thing to do. I do not believe the hot bath should ever be given children with convulsions, and I utter a protest against it. I do not deny the sedative influences of the hot bath and use it very frequently, but it is in convulsions that I am opposed to its use. In my instructions to the mother I put great stress on absolute quiet. I direct that the child shall not be forcibly held during the convulsions, as the mother or nurse is apt to do; that it shall be put upon a bed that does not squeak, that there shall be perfect quiet in the room, plenty of air, the room partially darkened, no opening and shutting of doors, no going in and out more than is absolutely necessary, and but one person in the room at a time. These directions should be given in all cases of convulsions. The object is to keep the nervous system as free as possible from agitation. Over active treatment is dangerous, at least it is uncalled for. The bromides again are indicated after the immediate convulsions have been controlled by opium, and where we wish to keep up a sedative influence on the nervous system, but do not desire to continue the use of opium. The bromides are indicated also in threatened convulsions. They are useful in cases of dentition, where the agitation of the nervous system is great; and especially if there have been convulsions with the coming or previous teeth. Some observers even go so far as to say that since we have the bromides, the necessity for the use of the gum lancet has been done away with.

There is a cause of convulsions in children which I do not remember to have seen referred to by any author, and which can be controlled better by the bromides than by any other remedy. It is well known that the itching of the skin in some cases of the exanthems, notably scarlet fever and measles, is intolerable to older children. I believe it is frequently the cause of convulsions in younger children. In these cases the bromides act most favorably. They seem to control the itching completely.

In some cases in which the bromides seem to be indicated, they aggravate the symptoms. I remember a case treated by Dr. Barker and myself, in which, after the immediate convulsions were controlled, we gave a combination of bromide with chloral with the hope of quieting the nervous system and producing sleep. Although given in quite large doses, and frequently repeated for thirty-six hours, the agitation kept

up and the child would only sleep a few minutes at a time. At the end of this time the bromide was stopped, and a single dose of five grains of chloral produced a sleep of ten hours, with the most happy results. In the convulsions of whooping cough the combination of bromide with chloral seems to give the best results; the bromide diminishing the quantity of blood in the brain, and the chloral relieving the spasm and producing sleep. If the child is much exhausted, along with these agents stimulants should be given, preferably alcoholics. Convulsions coming on in the course of any disease and depending on cerebral exhaustion are best controlled by stimulants. They are indicated in such diseases, particularly if there be a tendency to failure of heart-power. In the exhaustion which comes on in the course of a severe attack of summer diarrhea of children, convulsions are not infrequent. In such cases the stimulants need not be limited to alcoholics. Musk and camphor often do more good even than alcoholics.

Many cases of convulsions depend on elevated temperature. Some children's nervous systems are much more disturbed by elevation of temperature than others. I have seen children with a temperature of 105° with less constitutional disturbance than another with a temperature of 102°. Children will, as a rule, tolerate a high temperature much better than adults. Frequently no other cause can be found for the convulsion than the febrile movement. In such cases, quite recently the veratrum viride has been used most successfully. In its physiological action, not only is it a powerful vascular depressant, but it very decidedly diminishes the irritability of the spinal cord. From the reports of it thus far, in the treatment of convulsions in children, it is destined to a much more important place and more frequent use than it has hitherto had. It has one objection: it is liable to produce vomiting. But this can be to a great extent overcome by combining with it small doses of opium. I am able to testify to the good results in cases of convulsions where I have used the veratrum. Children tolerate relatively larger doses of the veratrum than adults. A child of six to eighteen months may be given two drops of the tincture every hour; and even if it does produce vomiting, it need not give alarm, because almost invariably when the vomiting occurs the temperature falls and a pulse diminishes in rapidity and the convulsions cease. If the temperature remains high and the veratrum fails to control the convulsions, then the cold bath is indicated. Coma is quite frequent with the convulsions in these cases of high temperature. The child is in imminent danger unless the temperature be soon reduced. Nothing is equal to the cold bath for this. As in other cases of high temperature, the fever must be brought down and kept down by the bath. I have named one more remedy—calomel. When a convulsion occurs at the beginning of an acute disease, or occurs in the course of an acute disease of the respiratory organs, I would give calomel; but in order to get its good effects a large dose must be given, that is, a sedative dose. To a child from one to three years of age give five grains. It usually produces not more than two to three evacuations from the bowels, and acts as a direct sedative to the nervous system. It will in many cases reduce the temperature, arrest the convulsive movements, and produce sleep. Along with the calomel, the veratrum viride is indicated; and if these two fail to reduce the temperature, the cold bath should be used.

In large cities, one cause of convulsions in children is heat stroke. It is responsible for many deaths from convulsions As in the adult, so in children there are two forms of heat-stroke: one form is characterized by a very rapid and full pulse, great elevation of temperature, marked redness of the face, dilated pupils and hot head. The cold bath is always indicated in this form, and unless the temperature is quickly reduced and kept down, death will ensue rapidly. I believe if the cold bath were more quickly and boldly used, many cases of this kind might be saved. The other form of heat-stroke is characterized by a rapid but feeble pulse, very little elevation of temperature, great pallor of countenance and usually quite profuse perspiration. This form is much less frequent than the first. The indications are to combat nervous exhaustion. This can be best done by stimulants.

With a view to ascertain if the records of the Board of Health, of this city, contained any facts bearing directly on this subject of the influence of heat-stroke in the production of convulsions in children, I consulted them. Although they did not contain any positive facts bearing on the question, I was informed by Dr. Nagle that the mortality from convulsions during the hot summer months was greatly in excess of that during the remainder of the year. I will give some of the facts which I did ascertain from those records.

During the six years from 1871 to 1876, there died from convulsions of children under one year of age, 3,392. From one to two years of age, 686. Making a total under two years of age. 4,078. These were all cases in which the death certificate simply read "convulsions," without including those in which a cause for the convulsions was given.

In 1878 there were 478 under 1 year.	
1879 " 515 "	
In these six years from 1871 to 1876 the total number of deaths among children under 1 year was	51,452
Over 1 year and under 2 years	17,810
Total under 2 years	69,262

And of these, as I have stated above, 4,078 were from convulsions.

I begin the prophylactic treatment with the mother before the child is born. If she have had any children, and they have shown any tendency to the development of nervous troubles, she should be taught how to live in order that the children to come may have the benefit of what knowledge we have, and especially should great attention be paid to the health of the mother if she be of what is called the nervous temperament. Nothing extraordinary need be demanded of her. Her diet should be nutritious, but not too rich. She should exercise daily, short of fatigue. The wealthy are apt to eat too rich food, and to take too little exercise; and the poor are apt to be underfed, and to take too violent exercise. Her clothing should not be heavy and should be worn loosely; a difficult matter, I admit, when the demands of society are remembered. If she is anemic, she should have the proper remedies. If she is gouty or rheumatic or has any other blood disease, she should have remedies directed against these. Disturbances of digestion should be corrected. One of the most important points is to see that she has the proper amount of sleep. She ought to have eight or nine hours. The nerve sedatives should be given if there be no other way of inducing sleep; but they are to be avoided if possible. The physician cannot always control the habit of his patient. If he is consulted he can give advice. He is not always consulted sufficiently early to do full justice to the case, but he can often, by judicious advice, diminish the tendency to these disturbances of the nervous system in the child by the treatment before the birth of the child.

Prophylaxis in the child itself.

The very naming of some of the predisposing causes of convulsions in children will suggest their own prophylaxis. Deficient or improper diet taken daily, impure air constantly breathed, deficient exposure to the sun's rays, want of cleanliness, and want of exercise in the open air, all produce perversion of general nutrition; and if of general nutrition, then of the nervous system too. These suggest their own management. We have seen that the rickety diathesis predisposes to convulsions. Rickets can in many cases be recognized very early, and should always be treated. There are very few ills of children which are more productive of evil than rickets, if neglected; and few are more amenable to treatment. Codliver oil is almost as much a specific for rickets as mercurials for syphilis. Proper diet and proper sanitary surroundings aid much in the treatment. Among the children of the poor, as Gee and others have shown, rickets is found in so many cases of convulsions that its early recognition and treatment become all important.

The rheumatic diathesis is very frequently an accompaniment of convulsions. This is the case with other convulsive movements, as well as of chorea. There seems to be some special influence produced on the nervous system by the rheumatic blood. The special remedies against this diathesis are the alkalies and salicylic acid; sometimes the one, and sometimes the other, produces the better results. Even in quite young children, I am in the habit of using these remedies with good results. If there be anemia with the diathesis, as is very apt to be the case, then iron and cod-liver oil are indicated.

I have already said sufficient of the disturbances of the digestive organs to show the necessity of the greatest care and attention to them.

Children with very excitable nervous systems are those most apt to develop convulsions, if there be the exciting cause. Such children need to be specially watched to see that their nervous systems are kept free from excitement. Their sleep is all important to them; and yet how frequently is the habit of parents of going into the nursery in the evening to have a frolic with the little ones, just about the time for those little ones to go to bed. The temptation is great. They are the very children who are the most fascinating, they are the brightest and notice when very young. In fact they are apt to be precocious, and this precociousness is encouraged by the parents. The nervous system is kept in an almost constant state of excitement, sleep becomes poor, the child becomes more excitable, and then comes the train of disturbances of the nervous system. Children are thus abused, if I might use that term, because of the ignorance on the part of parents as to its ill effects. It is the physician who should teach them the management of their children, so as to prevent the development of such disturbances.

Children who manifest what are called "fits of temper," ought to be more carefully studied to ascertain whether it is mere wilfulness, or some disturbances of the nervous system not wholly under the control of the will, and for which the child may not be altogether responsible. Certainly some children display these much more violently than others, and it is not always because of want of proper discipline on the part of parents.

The treatment of the patient subsequent to the attack. If the cause has been removed, and we can discover no sequels, the treatment is simple. If there exist any of the predisposing causes I have referred to, they claim appropriate treatment for their removal. The child must be put in the best possible physical condition, and kept so.—*American Obstetrical Journal, July* 1880.

GLYCERIN is most easily incorporated into ointments by using a mortar which has been first thoroughly warmed by hot water.

SLEEPLESSNESS FROM THOUGHT.

The loss of power to cast off the burden of the day, and find rest in unconsciousness or forgetfulness at night, is one of the greatest of personal afflictions. Only those who have endured it know how terrible this experience, in its worst form, may prove. There is no escape anywhere, no respite, no—even momentary—lessening of the strain on the mind, when sleep is impossible; and the worry is increased when the mind, instead of finding ease, falls into a state in which every source of disquietude seems exaggerated. Sleeplessness of this sort is often the prelude—and it may be either the first indication, or itself the cause—of insanity. The condition into which the mind is thrown when endeavoring to sleep is essentially unsound, and tends to disease.

Physicians realizing the peril of the position give their patients a drug of some sort to procure sleep. They do this with the double purpose of breaking the habit of wakefulness when this has been formed, and of rescuing the mind from a condition in which it is unsafe. Those who adopt this treatment point to cases in which after a few doses of a sleep-potion, the sufferer has regained the power of falling asleep naturally. Such patients have undoubtedly been benefited by something, but it is still an open question whether the relief may not be due to mental influence rather than the medicine. However this may be, the point in which we are chiefly interested is the state which precedes and seems to bar sleep. We recognize its perils; in what way or by what means may they be avoided?

Examined closely, the condition of thought-worry preventing sleep will be found to be one in which the thinking faculty is beyond control. We may start a subject, but we cannot either keep the attention fixed, or compel thought to take rational and comparative views of the objects presented to it. There is a tendency to exaggeration, which the judgment is powerless to restrain or correct. There is at the same time another peculiarity, which throws more light on the nature of the condition, namely, an impulse to *repeat;* the mind goes over the same ground again and again. The explanation of this phenomenon is simple and suggestive; there is a perpetual endeavor to sleep, and although the circumstance may not be recognized, each train of thought breaks off at the precise moment when it ought to become a dream, and every recommencement is a new departure after a fresh act of wakefulness. The condition we are describing occurs on the road to sleep when the way is barred. The point to make clear is, that it is quite as likely the distressing thoughts of a sleepless person are the consequence of the wakefulness as that the inability to sleep is occasioned by thinking.

Thoughts, passing through the mind when the brain is falling into state of sleep, ought to be of a nature to change easily into a dream. The problem is to carry the mind over the boundary line, and convert what is conscious but uncontrollable thought into a dream. If this can be accomplished naturally—that is, without the aid of drugs, which stupefy the consciousness and burlesque the state of sleep rather than produce it—the subject of thought will be soon changed, and oblivion, or at least forgetfulness, induced. The solution of this problem may be attempted by either of two processes:

1. A particular thought, or train of thoughts, present to the mind may be seized upon at the moment of their occurrence, while as yet they are manageable, and turned into grotesque, thus preparing them to become the material or centre of an amusing dream. This method is less easy to describe than to carry out: but experience proves that it is abundantly efficacious. Fancy must be directed to play with the thought and weave a little scene or story out of its slenderest threads. Just enough effort to preserve the connection of ideas is necessary, or the expedient will fail, thought reverting to its former worrying courses. The secret of the method lies in holding the thought fixed, and projecting the train of ideas by fancy on a line which may carry it into dreamland, the dreaminess of thought inducing sleep. This is a perfectly natural and rational process, and it is harmless, whereas the production of stupefaction by drugs is artificial, and more or less perilous to brain and mind. The one lulls the consciousness to sleep, the other overpowers it with a poison.

2. The alternative mental method by which sleep may be sought consists in giving thought a monotonous task in the way suggested by those who can win sleep by counting, repeating, and the like expedients. This is more difficult in really bad cases of "sleeplessness from thought" than that first described, in which an idea, or train of ideas, already present to the mind, is converted into grotesque. The mind is not easily taken out of itself when engrossed with worrying topics, and, though fancying cornfields and rising tides, or counting and piling up packages, or smoking an imaginary pipe and watching the clouds of tobacco smoke rise over the head, so as to direct the eyes upwards as in sleep, are good enough devices, it is not always practicable to shut out distressing or plaguing ideas, and concentrate the attention on these meaningless conceptions for the full success of which the sleep-wooer needs a vacant rather than a harassed mind. It is an effort quite as great as the wakeful, but worried, can make, to turn a troublesome thought into grotesque imagery, but this is easier than to call up a wholly new and incongruous idea.

Perhaps the most general cause of sleepless-

ness of the kind we are considering is the habit of carring work over from day to day, instead of parcelling it out so as to create natural breaks in the enterprise, when the mind can rest with the consciousness that duty has been discharged, and a task accomplished. Nothing so much conduces to sleep as the feeling of contentment, and this feeling can generally be produced by giving the mind a tale of work in the morning which may be completed before the time of rest. When the obligation has been fulfilled, the mind seeks, and generally finds, repose as the recompense of its toil. To break off suddenly in the middle of labor, and expect to command sleep at call is unreasonable.

It is a common mistake to plan the business of the following day at night. This is like turning over a new page when the book should be closed and laid aside. The task of laying out schemes for the future ought to be the first duty on waking, and if it were then discharged, many mischievous dreams, and much of the feeling that a whole night has been spent in dreaming, would be avoided. Each night should see the book of life closed, with the feeling that the account has been duly made up. It is the task of the morning to carry over the debit or credit and start afresh. Better by far finish the work of the day, close the record, and seek rest. When the consciousness returns examine the situation, lay plans for the future, and while the impression lasts act on it.

Sleeping and waking are states which are mutally dependent, and must succeed each other in orderly sequence if health is to be preserved. Life is very much an affair of rhythm, and a sound mind in a sound body can be secured only by concord, method, and orderly self-control, by the will.—*J. Mortimer Granville, M.D., in "Common Mind Troubles."*

TREATMENT FOR STAMMERING.

Dr. W. B. Hammond, in the *British Medical Journal*, gives the following practical hints on this subject:—

If the attention of the stammerer can be diverted from himself and his articulation, he will often speak to others as calmly and as perfectly as he does to himself when alone. Now, there are various ways of accomplishing this object, but the one that I found most effectual was the performance of some slight muscular action synchronously with the articulation of the difficult syllables. The words that troubled me most were those that began with the explosive consonants—those that require the sudden opening of the lips for their enunciation—*b*, *p*, and *t*. I could no more have repeated the alliterative lines, "Peter Piper picked a peck of pickled peppers," etc., to other persons without stammering than I could have walked to the moon, though perfectly able to say the whole piece through without a flaw when speaking alone. With each troublesome word, especially with one beginning a sentence, I made some slight motion with the hand or foot, or even with a single finger, and I found that this plan enabled me to get the word out without stammering. With the enunciation of "Peter," for instance, I would tap the side of my body with the hand just as I opened my lips, and the word was articulated without the least halting. In the procedure, the attention is diverted from the effort to speak to the performance of the muscular action mentioned, and hence the speech becomes more automatic than it is with stammering. It consists in efforts to render the speech automatic. No orator thinks of his articulation when he is making a speech; no one in ordinary conversation thinks whether or not he will be able to pronounce a certain word, or to acquit himself well in the management of his tongue and lips. His mind is concerned with his thoughts, with what he is going to say, not with the manner in which he will articulate, and the more thoroughly we can succeed in bringing stammerers into the same way of procedure the more successful shall we be in our efforts to cure them.

THE ORIGIN OF THE STETHOSCOPE.

M. Chereau, in a French Medical journal, gives the following interesting history of this useful little instrument:—

One day, as Laënnec was crossing the court of the Louvre, he observed some children who, with ears applied to the two extremities of a long beam, were transmitting reciprocally the light sound provoked by the stroke of the finger against the opposite end. In the intermediate space no sound was perceptible. Thece reful observer reflected, and soon, like Archimedes, he was able to exclaim, "I have found it!"

Some time afterward, in fact it was in 1816, being consulted for a young woman who presented general symptoms of heart disease, in which percussion gave small results on account of the stoutness of the subject, the age and sex of the patient forbidding his listening directly with the ear, he remembered the children of the court of the Louvre. Immediately he took a paper copybook, of which he made a roll closely pressed together, placed one end of it upon the chest of the young woman, applied the other to his ear, and found with pleasure that in that manner he could perceive much more clearly the beats of the heart. So a play of children and regard for modesty were two facts which led to the discovery of medical auscultation.

Laënnec then modified this roll of paper,

giving it more firmness, limiting its length to a foot, its diameter to sixteen lines, smoothing the two extremities with a file. Then he made other experiments: he constructed a tubular cylinder of gold-beater's skin, which he filled with air by means of a spout, and of which the central opening was maintained by means of a support of pasteboard; he made an experiment with glass and metals; finally he stopped with a cylinder of light wood, pierced in its centre with a tube, expanded at the extremity in the form of a funnel. We have seen in our youth the original stethoscope of Laënnec. In truth, it had a size altogether useless and well adapted to terrify patients.

ERGOT IN CONGESTIVE DYSMENNORRHŒA.

Mr. H. B. Blackburn writes to the *Lancet*, Jan. 31st, 1880—

A year ago I was called to see an unmarried lady, aged 28, who was in great pain, and had been so for about four hours with dysmennorrhœa. I learned that for about twelve hours before the commencement of each period she suffered extreme pain, becoming worse just before the beginning of the flow. She would often lie down and roll about in the greatest agony. Her two unmarried sisters suffered in the same way and as much, and the same was the case with one married sister until her marriage. All three were strong healthy-looking girls, though all were the subjects of that common affection of women, chronic constipation, the bowels often remaining for a week together without acting. I am not now going to speak of the radical treatment of these cases; but having been called in during a paroxysm of pain I had to endeavor, in the first place, to relieve it. I accordingly prescribed ergot, in doses of half drachm of the liquid extract every quarter of an hour. The pain began to diminish before the second dose had been taken, and after the third the flow had commenced, and the pain entirely gone. It may be objected that I am calling what was only *post hoc, propter hoc;* but this is not so, and for the following reasons: On this occasion the young lady had been in pain only about four hours before treatment, so that the duration of pain was now only about five instead of twelve hours, as on previous occasions. Secondly, she and her sisters have ever since kept a bottle of medicine, according to prescription, in the house, and they have recourse to it on each occasion, at the very earliest warning of the period, and they hardly suffer pain. I am of course disposed to treat them radically—*i. e.*, by prescribing for and giving instructions as to the bowels, to endeavour to do away with the necessity for specific treatment of the symptoms, but they are perfectly satisfied to have a remedy for these on each occasion.

Now a rational system of therapeutics is far more satisfactory than an empiric one. I may, therefore, be excused if I draw attention to my theory of the action of the drug in these cases, my recourse to it in the first instance being founded on this theory.

Ergot is supposed to cause contraction of the muscles of organic life. I do not compare its action in cases of congestive dysmennorrhœa to that on the uterus at term. I suppose that here it acts not on the muscular fibres of the uterus so much as on those of its vessels; contraction of the uterine small arteries being the cause of relief from congestion, then, the congestion and general pressure being removed, the menstrual flow comes on.

AN EMETIC FOR INFANTS.

Dr. S. W. Smith (British Med. Journal) writes: I beg leave to record that half a teaspoonful of glycerin acts as a simple and efficient emetic for infants. Perhaps some of your readers can confirm this by future experience.

A NEW REMEDY FOR EPILEPSY.

Dr. Shields, in the *Southern Clinic*, reports two severe epilepsies cured by white peony-root. He uses the remedy as follows: Root of the white peony, ℥ x; boiling water, cong. j; boil to two quarts and filter. Of this decoction give about one ounce three times a day.

DOUBLE PNEUMONIA AND ABORTION.

Dr. L. A. Rutherford reports the following interesting case to the *Medical and Surgical Reporter*. The case is of so great interest that we publish it in full:

On the 14th of March I was called to see, with another physician, a white woman, aged thirty-three; skin very hot; both cheeks flushed; eyes suffused; respiration about twenty-three; pulse 120. Complained of severe pain in both sides of the chest. Cough constantly. Both sides dull on percussion, right side more involved. Respiratory murmur at upper part of both lungs very loud, accompanied by some fine crepitation. Tongue very broad and flat, deeply furrowed in center, base covered with a dense, dirty, brownish fur; lips red; breath very offensive. Diagnosed double pneumonia. Ordered a large mush poultice, to cover both sides of the thorax, to be as hot as the patient could endure it. Acetate of ammonia, in one drachm doses, to be given every three hours. Five grains of dextro-quinine every six hours. Eleven A. M. next day pulse was 120. Right lung more involved, pain more acute, respiration more rapid, mouth dry, tongue more brown, fissure deeper, heat of skin 103½. Ordered poultice to

be continued, and increased my dose of dextro-quinine to twelve grains, to be given at once, and repeated in four hours. At 9 P. M. saw the patient; complained of diarrhœa. Three doses of dextro-quinine were taken, and the symptoms were much improved. For the diarrhœa a few drops of Monsell's solution of iron were ordered every hour. Nourishment principally consisting of milk. Dextro-quinine was given only twice during the night. On the morning of the twelfth symptoms much improved, though the dullness was as great, but heat and restlessness abated somewhat; diarrhœa under control. During the next two days the acetate of ammonia was continued in one drachm doses, every four hours, five grains of dextro-quinine to be given three times a day.

On the fifteenth I was called in haste to her. Found pulse 135, respiration very rapid, skin very hot; two slight convulsions came on while I was with her. Ordered beef tea and milk to be given frequently in small quantities. Tincture of veratrum was given in small doses every hour. Four o'clock I saw her again; was told that labor pains were on her. She was four months advanced. Made a vaginal examination, and found the os dilated, perineum soft and yielding, but little hemorrhage, and before I left the house the fœtus was expelled, minus the placenta. The shock this abortion inflicted on the system was fearful; she became semi-comatose, pulse went up to 150, small and thready, breathing diaphragmatic. Several convulsions then came on. Hard ones were on her in twenty minutes or more. Face was pale, skin of body intensely hot, while the extremities were cold. Something had to be done forthwith, and as I put about as much faith in dextro-quinine as most men do in a good brake on an express train, I poured out what I thought to be a good twenty-grain dose of that drug, which was dissolved in a solution of tartaric acid, and poured it down her throat. This was repeated in an hour. It was certainly marvelous to witness the effect produced. In two hours the pulse was reduced to forty beats, and the skin much cooler. Though the convulsions did not entirely subside in that time, they were very much lessened. In three hours more I gave her ten grains again; by night she recovered her senses. Next day I found, to my surprise, that there was very much less solidness of lung than at any other time since I first saw her. I removed the placenta with a hook this day; but very little hemorrhage occurred at any time. The dextro-quinine was now combined with Squibb's tincture of iron, five grains to thirty drops every three hours. From this time on the convalescence went on uninterruptedly. I make no comments on this case, but would ask the attention of the profession to the line of treatment followed, which I believe will be found a successful one in cases both of double pneumonia, pleuro-pneumonia, intermittent fever, and allied diseases.

DEXTRO-QUININE IN PERIODICAL HEMICRANIA.

By C. A. Bayce, M.D., Editor of the Southern *Clinic*, Richmond, Va.

I was called to see a little son of Mr. Charles Lankford, of this city, several months ago, who complained of headache in the right side of his head and through the right eye. His sight was imperfect while suffering from the pain, and there was decided periodicity about the attacks, being much worse every other day; his nose would bleed very often when he was troubled with the headache. From the history of the case I regarded this as a neuralgic hemicrania of malarial origin. I accordingly prescribed quinine, iron and hyoscyamus; I found no improvement, but an increase of the head trouble with more hemorrhage from the nose. I then put him upon quinine alone; his head continued to be congested and nose would bleed frequently. I then discontinued the quinine and put him upon ergot and bromide potassium. This seemed to check the hemorrhage to some extent but the headache and imperfect vision remained. I then discarded all remedies and put him upon 3 gr. doses of Dextro-Quinine (K. & M.), three times a day. I am pleased to report that after the second day's use of Dextro-Quinine the hemicrania was entirely relieved, nor has it since returned; the eyesight became perfect, the bleeding from the nose has occurred but once since.

This boy could not take quinine without producing congestion and necessarily hemorrhage. Dextro-Quinine obviated the difficulty and cured my patient.

SYMPATHETIC NERVOUS COUGH OF PREGNANCY.

℞ Spiritus ætheris, f ʒ iij;
Tinct. chloroformi comp., f ʒ i;
Acidi hydrocyanici, ♏ xv;
Liquoris morphiæ sulph., f ʒ i;
Tinct. cardamom. comp., f ʒ vi;
Aquæ, ad f ℥ viij.—M.

A sixth part every six or eight hours.

Ergot in Pharyngitis.—In chronic pharyngitis, where the blood-vessels of the pharynx are enlarged and tortuous and the secretion moderate, the following is recommended:

℞. Ergotine.....gr. xx.
Tinct. iodine.....fl. ʒ j.
Glycerine.....fl. ℥ j. M.

Sig. Apply to the pharynx freely twice daily with a camel's-hair brush.

TREATMENT OF PHAGEDENIC CHANCRES BY Mr. JONATHAN HUTCHINSON.

The sore is freely and carefully cauterized with acid nitrate of mercury, and the patient made to sit eighteen out of twenty-four hours in a warm hip-bath. He states that phagedenic chancres often occur in persons who have had syphilis before. Mr. HUTCHINSON warns his class not to tell their patients that syphilis cannot occur twice. A second attack of syphilis is usually peculiar. It is seldom in such cases that a well-characterized indurated sore is developed, and very frequently the sore sloughs. The phagedena may prevent the occurrence of constitutional symptom, if it comes on early enough. He has seen, however, severe constitutional symptoms follow a phagedenic sore in a man who had gone through syphilis some years before. Indeed some of the worst cases of syphilis rupia he has seen occur under these conditions. When syphilis runs its most usual course—a well-indurated sore, a symmetrical copious papular or blotchy rash, and symmetrical sores in the tonsils—you may assume that it is a first attack. Second attacks are almost always modified, and are either much worse or much more slight.—*North Carolina Medical Journal.*

VASELINE AS A BASE FOR OINTMENTS

Dr. P. H. Cronin, in the *St. Louis Courier of Medicine*, gives some practical suggestions with reference to the preparation of unguents with vaseline as a base. Being slightly soluble in alcohol and insoluble in water, tinctures and aqueous solutions do not combine with it. It mixes with glycerin, but on the addition of water separates. Such substances as iodide of potassium, chloral hydrate, iodine, or tannin, should be finely triturated and thoroughly mixed with the vaseline. Chloroform ointment is prepared by melting the vaseline in a wide-mouthed bottle in a water-bath, at 97° Fahr., adding the chloroform, corking quickly, and shaking briskly till cold. Gynæcologists will find that by triturating borate of sodium to a fine powder, and mixing with a little glycerin before adding to vaseline, they will have a fine preparation for vaginal examinations, instead of the gritty, "salted butter," preparations which they sometimes obtain from the pharmacist.

A SIMPLE METHOD OF EVACUATING SMALL CALCULI.

Dr. Mercier recently demonstrated before the Société de Médecine of Paris an easy and practical means of getting rid of small vesical calculi. It consists in making the patient lie on his belly; then the calculi fall by their own weight into the anterior part of the bladder. The patient is then allowed to rise slowly on to all-fours. He micturates in this position, and the calculi, which have not yet had time to return into the *cul-de-sac* behind the prostate, are carried away in the stream of urine.—*Medical Press and Circular.*

REMOVAL OF MOLES (NÆVUS).

According to Dr. Sigler, they may be removed by means of croton oil in the following manner. Push a number of needles through a cork, so that the points project 3 to 4 millimetres. Dip the points in croton oil, then insert them in the mole and withdraw. This is a sort of Baunscheidtismus. A scab will form upon the mole; and after it has dried up and dropped off, the operation is twice more repeated.—*Pharm. Centralh.* and *Ph. Zeit.*

TREATMENT OF HEMORRHOIDS.

Prof. H. C. Wood, of Philadelphia, says: "The most extraordinary results in internal piles often follow injections and retention in the rectum after each passage, of a half-ounce to an ounce of a saturated solution of chlorate of potassium with a few drops of laudanum. Of course the usual systemic treatment must be carried out, and the free use of water injections after the passage, but before the chlorate of potassium, is very serviceable."—*Phila. Med. Times.*

TO PREVENT HEADACHE FROM TINCTURE OF IRON.

A writer in the *Boston Med. and Surg. Jour.* says: "During the administration of the tincture of the chloride of iron, functional derangements of the stomach and liver often arise, with furred tongue, impaired appetite, headache, etc. These symptoms rapidly disappear upon adding one-half grain of the chloride of ammonium to each minim of the tincture. This combination is useful in cases of heart disease accompanied by anæmia and debility.

IODOFORM IN CHRONIC ARTHRITIS.

Prof. Gubler employed ten parts of iodoform to twenty of sulphuric ether and twenty of alcohol. When dissolved the liniment should be applied to the diseased joint by means of a pencil. The parts should then be covered with a piece of oiled silk. For the same affection Dr. Cottle dissolves iodoform in chloroform.

HOARSENESS—BORAX AND NITRATE OF POTASSIUM.

These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. the remedy is recommended to singers and orators whose voices suddenly become lost, but which by these means can be recovered almost instantly. A piece of borax the size of a pea is to be dissolved in the mouth about ten minutes before singing or speaking. The remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in warm solution before going to bed.—*La France Médicale.*

ADMINISTRATION OF CASTOR OIL.

The following method of administering castor oil is recommended by M. Potain, and described in a recent number of *Le Practicien:* An orange is cut in halves, and after removing the pips, the juice of one half is pressed out into a tea-cup. The oil is poured carefully on the top of this juice, and on this again the juice of the other half of the orange is squeezed out. The oil remains between the two layers of juice in the shape of a meniscus, and may be swallowed without any unpleasant taste.

TREATMENT OF PNEUMONIA.—Commenting on a case of pneumonia in which speedy recovery had followed the use of ergot, Dr. Handfield Jones states that the action of the ergot seems to have been beneficial, though he does not attribute the cure solely to its agency. Ordinary pneumonia runs a determined course, the inflammatory processes terminating by more or less rapid defervescence about the sixth or seventh day from the initial rigor, while the exudation undergoes resorption sooner or later, according to the energy of the vital powers. Results which are therefore due in reality to the natural course of the disease must not be attributed to the remedies employed; moreover, any means which affect injuriously the strength of the patient, especially those which enfeeble the heart, must be carefully avoided. Though the disease cannot be cured, its severity may be materially mitigated, and life may in some cases be preserved. Ergot and liquor ferri perchloridi may check and control the inflammation, opium may allay the pain, and calm and steady the nervous system; bark and ammonia with wine may give tone to the failing heart, especially in the collapse of the crisis; effervescing salines, or brandy and soda-water with or without a dose or two of calomel, may quiet gastric irritation, and enable the patient to take food better; quinine in large doses, or the cold bath may serve in dangerous hyperpyrexia. Dr. Jones believes that no risk should ever be incurred with the idea of cutting short the disease. He also finds that ergot has to a certain extent disappointed his expectations, when employed in the various inflammatory affections, and of those more especially in bronchitis.—*British Med. Jour.*

THE TREATMENT OF PULMONARY HEMORRHAGE.

The case before you is one which has just come in, suffering with hemorrhage, and reports having lost two basinfuls of blood by expectoration. What is the best means to pursue for the arrest of pulmonary hemorrhage? The very best remedy, in my opinion, is what we here constantly employ—Squibb's extract of ergot, or ergotine, as it is termed. Of this, as much as twenty or thirty grains may be given hypodermically, although so large a quatity is seldom necessary, and it will generally suffice to introduce five or six grains. It is exceedingly difficult to decide whether any remedy is efficient in this condition, since the hemorrhage constantly subsides spontaneously, and any drug that happens to be given at the time, of course, gets the credit; but the stopping of the spitting of blood so often follows the injection of ergot that I have no doubt that these cases are benefited by its administration. Another remedy is ipecac. It seems strange to use it in pulmonary hemorrhage, but it is one of the best means that we have. In causing nausea and vomiting it affects directly the pulmonary circulation. You should give enough ipecac to cause nausea, and be indifferent whether it causes vomiting or not. One of the dangers of the condition is that the blood will remain in the air cells and smaller tubes and close them, and thus set up irritation and further mischief. The administration of ipecac has the advantage of clearing the lobules, and at the same time it has an influence upon the circulation, which makes the vomiting entirely safe. He shall have—

℞. Extract ergot, fluid, ʒ ss-j
Extract ipecac, fluid, M v. M.

Every three or four hours.

Ice should be applied to the chest, and pieces of ice allowed to melt in the mouth. The patient is to be kept as quiet as possible, in a semi-recumbent posture. A very common household remedy is table salt, and it is not without effect, but ice is more valuable. A large piece of ice placed at the nape of the neck will sometimes succeed, especially if followed by hot water. The quick alternation of heat and cold produces

a most decided contraction of the arterioles, and is better than cold alone.

If the hemorrhage prove persistent we may employ blood letting, in order to quickly reduce the blood pressure.—*Prof. Barthalows' clinic in Jefferson College Hospital, Philadelphia.*

A CLINICAL LECTURE ON AMENORRHEA AND DYSMENORRHEA.

Delivered at the Hospital of the University of Pennsylvania.

By WILLIAM GOODELL, M.D.

[Special Report.]

AMENORRHEA FROM TORPIDITY OF OVARIES.

This woman has not seen her menses for the past four months. She has one child and has had one miscarriage. This child was born about eight months ago, after a very difficult instrumental labor. The woman got out of bed in the course of a few days and went about her household work as usual. She has been in the habit of working with bare feet, did so, in fact, just after her last child was born. She tells me, too, that she has been imprudent in other ways. She has a great deal of leucorrhea, which is greatly increased in amount just about the time her menses should appear. This seems to be the only kind of compensatory vicarious hemorrhage to which she is subject. She has never vomited or spit up any blood, has no piles, and has never been troubled with epistaxis. There has never, so far as she knows, been any blood in her stools. In weight she has gained enormously since she first had this trouble. She thinks she is fully one hundred pounds heavier now. There is a truly enormous deposit of adipose tissue all over her body. If I were alone with the woman I should question her closely with regard to her sexual appetite, and I should most probably find that she had but very little sexual desire.

Acting on the belief that the case is one of amenorrhea from torpidity of the ovaries, I shall order the following prescription for the patient, and ask her to return and report progress in the course of a week or so:

℞ Ex. aloës..... ʒ j;
Ferri sulph. exsic..... ʒ ij;
Asafet..... ʒ iv.
M. et in pil. No c, div.

Sig. One pill after each meal. This number to be gradually increased to two and then to three pills after each meal.

If the bowels are at any time over-affected the patient must stop and begin again with one pill after each meal.

AMENORRHEA FROM ARRESTED DEVELOPMENT.

This child is fourteen years of age, and comes to us complaining of arrest of her menses. Until she was thirteen and a half years old she lived among the mountains in the interior of the state. While there she was always regular and her general health was excellent. About a year ago she came to Philadelphia and was put to hard work. No sooner was this change made in her habits and mode of life than she began to break down. She feels and looks very miserable. The skin under her eyes is quite black, owing to impaired oxidation of carbon She is anemic and chlorotic. It is very easy to see what has brought on this suppression. She has been breathing impure air, has been overworked, and is getting no sunshine.

What treatment shall I recommend? She must go to bed early, eat wholesome food and get as much fresh air and sunlight as possible. The best remedy would be for her to go back to her home among the mountains for a month or so, but she says this would be impossible.

In cases such as this one I have had the very best results from the constant use of Blot's pill, as recommended by Niemeyer:

℞ Pulv. ferri sulph.....
Potas. carb. puræ..... } aa ʒ ij;
Muc. tragacanth.....q. s.
M. et in pil. No. xlviii div.

Sig. To be given daily in increasing doses until three pills are taken after each meal.

This gives the large quantity of twenty-two and a half grains of the dried sulphate of iron per diem.

If these pills give rise to constipation I use this formula:

℞ Pulv. glycyrrh. rad.....
Pulv. sennæ..... } aa ℥ ss;
Sulphur. sublm.....
Pulv. feniculi..... } aa ʒ ij;
Sacchar. purif..... ℥ jss. M.

Sig. One teaspoonful in half a cup of water at bedtime.

In cases such as this, where the suppression is due to change of habit and loss of health, tonics are indicated. When the suppression comes on suddenly, from cold or exposure while in the midst of the menses, and is accompanied by severe lumbar pains, our treatment would be different. We should then place the patient in a mustard hip bath, administer Dover's powder, put her to bed, and give her hot drinks to provoke copious diuresis and diaphoresis. Chronic uterine trouble is likely to supervene if we do not act promptly in such cases.

DYSMENORRHEA.

CASE I.—M. F., aged twenty-seven (col'd), unmarried, Has never had any children. The dysmenorrhea at her monthlies has been very severe, and has always confined her to bed at those periods. She tells us she also suffers from great tenesmus at times. When just twenty years of age our patient injured herself by lifting a heavy weight, and so produced a retroflexion

of the womb. This condition, together with an already abnormally narrow cervical canal, has been the cause of all the trouble.

Before going any further, however, I will first make a careful examination. There may be a fibroid tumor of the womb, for this is a very usual occurrence in young colored women. I find that the womb is very much out of its place, but I am sure that there is no tumor. I will introduce a speculum, and I find that the external os uteri is very small. It is what is usually known as a pin-hole os. I dilated it last week, but it seems that I did not dilate it sufficiently. In cases of this nature, where the os is so small, you will generally find it necessary to seize and hold it down with a pair of uterine tenacula, and be sure that you purchase a stout pair.

I introduce the sound, but experience great difficulty in coaxing it through the internal os uteri. The measurement which I get shows the womb to be about two and a half inches in length. No matter how much bent the cervical canal may be, you can usually introduce the sound after two dilatations. I am going to dilate the cervix again to-day. It is so difficult to insert the dilator that I am going to use this curved probe as a guide. In passing a dilator into the cervix of a retroflexed womb always pass it with the curve downward. Pass it in up to the fundus of the womb, and then withdraw it half an inch before dilating. When the cervix has been dilated to the desired extent do not attempt to pull the dilator out without closing it, for you may seriously lacerate the external os in so dong. Stop the administration of ether when you have introduced the dilator, and leave the instrument in the canal until the woman begins to show some uneasiness; this serves the double purpose of bringing the patient more rapidly out of the influence of the ether, and also makes the operation more permanent and satisfactory.

Some very excellent authorities advise incising in these cases, but I think that this practice is open to serious objections. There may be copious hemorrhage, and there very often is a resulting permanent deformity of the cervix. There is always a little bleeding, indeed, after the dilator has been removed, but never any serious hemorrhage.

CASE II.—Some time since a new plan of treating dysmenorrhea was very highly recommended to me. It consisted in taking pieces of slippery-elm bark, whittling them to the size of matches, tying a string to each of them and packing the cervical canal with them. It struck me at the time as a very promising method, and I made up my mind to give it a trial in the first case of dysmenorrhea that occurred in my hospital practice. That case happened to be the one that I now bring before you. I put the slips in three times; after removing them the third time the woman had a severe attack of acute peritonitis.

I have had the woman brought into the ampitheater this morning, and shall insert my finger in her vagina and move the womb about gently, to see if any pain or plastic adhesions remain. Since the attack of peritonitis she has experienced a great deal of pain in passing her water. There has also been a considerable amount of leucorrhea. I intend to pass a sound very gently. It stops at the internal os. There is not much tenderness at the external os and it is quite roomy, so that the slippery-elm did some good after all.

What is the best treatment under the circumstance? I will tell this woman to put a dram of chlorate of potassium in a pint of water when she goes home, and to syringe her vagina out well with this solution. She had better use a fountain reservoir for this purpose. The water should be of such a temperature that she can just put her elbow in it. The reservoir should be put on the mantlepiece and the water conveyed into the vagina through a piece of rubber tubing. The patient must pursue this treatment steadily for a month's time, and then return and report progress. When the woman comes back again at the end of the month I shall make an application of carbolic acid to the fundus of the uterus. I shall then introduce an Elliot's repositor, and turn the handle of the instrument. The womb will thus be carried in the same plane into a position of retroflexion. When you use an Elliot's repositor you must work very slowly or you will cause the patient a great deal of needless pain. Do not introduce this instrument oftener than once every four days, or every week. If you persevere patiently you will generally succeed in completely reducing the displacement.—*Louisville Med. News.*

DIGESTION AND ABSORPTION IN THE LARGE INTESTINE.

There has always been considerable uncertainty in regard to the question whether the large intestines are capable of digesting food. This power has been absolutely denied by several authors, as Blondlot, Frerichs, Braune, Funke, and Quincke, while others, as Zander, Schiff, and Eichhorst, have asserted quite as positively that the fluids of the large intestine are able to digest both albumen and starch, the latter being first changed into sugar. Again, in regard to the form under which these substances may be absorbed in the bowels, opinions are also at variance; some claiming that the albumen must be first changed into peptone before it can be taken up, and others that fluid albumen may be, as such, absorbed directly. A similar diversity of opinion prevails regarding the ability of the intestines to absorb fats.

Some recent experiments by Drs. Czerny and Latschenberger, of Freiburg, throw some light

upon these questions. The experiments were made upon a man who, through a malformation, had the anus situate in the left inguinal region, opposite the sigmoid flexure. The rectum was so separated from the intestine above that matters could be introduced into it by the anus, and again washed out by a stream of water from above as from a retort. Various articles of food were thus introduced and experimented with, and the results which were obtained are thus stated:

"*The human large intestine and its secretions have no digestive action upon either coagulated or fluid albumen, nor upon fat.* Coagulated albumen, although left in the intestine for two and a half months, was not appreciably altered, nor was any change effected in fluid albumen in solution. After pouring in an emulsion of fat, the latter rapidly collected at the top, flowing together in large drops. Hence the large intestine not only has no emulsifying effect, but tends to destroy an emulsion already formed.

"The portion of intestine experimented upon absorbed 40 to 50 grammes of water within seven hours.

"*In the normal condition, fluid albumen in solution in water can be absorbed unchanged, as such, by the large intestine, and will be taken up in larger quantity the longer it remains.* Any state of irritation, as, for example, catarrh, hinders absorption or prevents it entirely. Chloride of sodium likewise interferes with absorption, but is taken up itself by the intestine in spite of an irritated condition and impaired power of absorption. The albumen of the hen's egg is in an unfavorable form for absorption. When the white of an egg is introduced into the bowel unmingled with water only a very slight portion will be absorbed, and the same is true of it, even when beaten into a froth.

"*Fat in emulsion is absorbed by the large intestine, and the amount actually taken up is proportional to the concentration of the emulsion and the length of time that it remains in contact with the absorbent surface.*

"*Starch, when hydrated, is absorbed by the large intestine,* but whether directly as such or after being changed into sugar the experiments did not determine."

It was ascertained that 1½ grammes of albumen in a 4½ p. c. solution could be taken up in 24 hours. Since the portion of intestine experimented with was not over one-fourth the length of the whole large intestine, it follows that the latter can absorb 6 grammes of soluble albumen in 24 hours. This quantity, however, is quite inadequate to maintain the nutrition of the body, since 120 grammes is the quantity necessary for an ordinary person. It is presumed that by using more concentrated solutions of albumen the amount absorbed might perhaps be increased.—*Virchow's Archiv*, Bd lix. 2.—*Allg. Med. Cent.-Ztg.*, 49, 1874.

A PERFECT SOLUTION OF SALICYLIC ACID.

To the Editors of the Louisville Medical News.

Quite a serious obstacle to the use of salicylic acid, as is well known, is the difficulty of giving the proper dose in a small bulk without causing irritation, and in obtaining a solution containing the free acid which can be sufficiently diluted. The solution in strong alcoholic liquids, besides deriving irritant properties from the menstruum, deposits the acid in dilution; and, moreover, alcohol is contra-indicated in many cases to which the acid would otherwise would be applicable. In glycerin we have a substance which overcomes some of these difficulties, but is still not altogether unobjectionable. The solubility of the acid in solutions of some neutral salts of the alkaline bases has filled many indications, but the comparative quantity of the solvent required, as well as the taste of the resulting solution, has debarred many from their use, and driven them back to capsules when a dose of five or ten grains has been indicated.

In the formula which follows advantage has been taken of the solubility of the acid in both glycerin and neutral salt, thinking that by their combined use the objections to each would be in a measure overcome, since smaller quantities of each were required to obtain the strength of acid that was demanded. The salt chosen is the citrate of potash. It is preferred because of its unobjectionable taste, its ready solubility in glycerin, and its lack of properties that would preclude its use in any case calling for salicylic acid. The formula and its manipulations are as follows:

℞ Salicylic acid..... ʒ j–ℨ viiij;
Citrate of potash..... ʒ ij;
Glycerin..... ʒ viij;
Simple elixir, q. s. to make Oj.

The citrate is to be dissolved in the glycerin by the aid of a gentle heat, after which the acid is to be stirred in, and a gentle heat maintained until it is completely dissolved. On cooling, simple elixir is to be added to bring it up to the required measurement. The solution is then to be strained; and when prepared with a colorless elixir is of the color of a very pale sherry. It contains five grains of salicylic acid to the fluid dram, and is miscible in all proportions with water without the separation of any acid.

This solution, under the name of "elixir salicylic acid," has been prescribed quite largely in this city for the last four years. It has been given to children as well as to adults; and although as high as one tablespoonful, containing twenty grains of the acid, has been administered at a dose, but very few cases have come to my notice in which the use of this preparation has not been well borne. However, it is not my purpose to discuss the therapeutical

bearings of this solution. The authority I have named is within easy reach, and the preparation can be easily made by any respectable apothecary, so that he who wishes may examine its merits. J. F. FLEXNER.

Louisville.

[This is the best solution of salicylic acid we have ever used, and Mr. Jacob Flexner deserves the thanks of the profession for producing it—ED. NEWS.] —*Louisville Med. News.*

NECESSITY OF PROVIDING CHILDREN WITH WATER TO DRINK.

Dr. Murdoch, of Pittsburg, has written a very sensible health-paper on the Causes and Prevention of Cholera Infantum. The majority of cases is to be traced to the food, and the number is greatest among bottle-fed infants—on sour milk. This cause is well known, of course, to physicians, but we doubt if the profession is at all times wholly alive to the sanitary necessity of providing water for children to drink. Dr. Murdoch says:

"Another cause of the great mortality among children is the neglect to provide them with cold water to drink. This, especially during the hot weather of summer, is the source of more deaths of young infants than all other causes combined. The explanation is simple. The little ones during hot weather perspire freely. This would not be the case if they were entirely naked, but, as is too often the case, they are kept sweltering under clothing or blankets. The water which they lose by perspiration causes them to be very thirsty; they require water. If no water is offered, they will drink freely of any fluid which is offered to them. The fluid which is offered is usually milk, often milk which has become sour by the extreme heat. The child is thirsty, but not hungry; but, not getting the water, which it does want, it drinks the milk which it does not want. The consequence is, the child's stomach becomes overloaded with food which it has not the power to digest. This food, in stead of nourishing, is a source of irritation to the child's stomach and bowels, and causes vomiting, purging, cholera infantum, and death.

"Children to whom no water is offered in hot weather are like men cast away at sea with no fresh water to drink to cool their parched tongues and quench their tormenting thirst. These men will drink of the salt sea-water, and, it is said, that they go mad with the distressing thirst which they have thereby increased. The salt water which these poor shipwrecked men are tempted to drink is hardly more fatal to them than is the sour milk which is often the only fluid offered to the thirsty child.

"Water is the *sine qua non* in the management of children during the hot weather of summer. Even children at the mother's breast should often be offered water. But to children reared upon the bottle it is indispensable. It is their life. It quenches thirst, supplies the place of water lost by perspiration, keeps up the perspiration which is necessary for maintaining the proper temperature of the body, and makes the little one comparatively comfortable. It will do all this, and it will do more; for if the child's thirst was always appeased, it would refuse food when not hungry, and would never drink milk when the milk was sour. The consequence would be that it would only take milk when the milk was sweet, and in quantities which it would be able to digest."—*Louisville Medical News.*

PILL VARNISH (HAGER).

Balsam Tolu	15.0 gm.
Resin	1.5 "
Alcohol, absolute	15.0 "
Ether	100.0 "
Boiling water	50.0 "

Digest the balsam with the boiling water in a water-bath for one hour, shake frequently, then decant the liquid. To the residue add the resin, and then pour on the absolute alcohol and ether. Macerate, so as to form a tincture which is to be filtered through cotton.

TREATMENT OF BARBER'S ITCH.—Brame recommends the following treatment: Shave off the hairs, or cut them very short; then apply once or twice a week an ointment composed of

℞. Prepared chalk	10	parts,
Coal-Tar	1 to 4	"
Glycerine	5	"
Simple Cerate	50	"

La Duche Pharm.

PROMPT RENEWALS of subscriptions are in order. If you do not like the *Canada Medical Record* and its policy, and *do not intend to pay for it*, be courteous enough to say so, pay up arrears and discontinue in a gentlemanly way. If you do like it, renew your subscriptions and ask your medical friends to subscribe.

CREASOTE AND PHTHISIS.—Creasote is extensively used and highly extolled in this disease in France. The dose employed is about gtt. iss, twice a day. It is said to produce marked improvement in the symptoms and signs, increase of weight, &c.—*Practitioner.*

CALOMEL is decomposed by alkalies, alkaline earths, and their carbonates, sulphides, hydrocyanic acid, bitter almonds, lime-water, iodide of potassium, iodine, soap, nitric acid, salts of iron, lead, and copper, nitrate of silver, etc. Be careful not to use *soap* in pills containing calomel.

ICE IN CROUP.

Dr. J. N. Norris, of Birmingham, Iowa, in the Philadelphia *Med. and Surg. Reporter*, has the following in regard to ice in the treatment of pseudo-membranous or true croup in children, and acute laryngitis in the adult:

"I am abundantly satisfied, by ample experience, that we are in possession of no remedy that will meet this indication so surely and so expeditiously as ice, and notwithstanding the apprehensions of the old women, and the condemnation of medical men in high standing, I would now no more think of treating true croup without ice, than of treating a severe attack of malarial fever without quinine.

"Let the little patient's chest be protected by two or three folds of flannel, and let a bladder partially filled with coarsely pounded ice be applied in front of the neck, and retained there closely, and as soon as the ice in the bladder becomes melted, or nearly so, let it be immediately replaced by another which has been prepared before hand, thus giving no time for injurious reaction in changing the bladders. The ice should be unremittingly applied, till the last vestige of the peculiar metallic or brassy sound is no more to be heard in the cough.

"The employment of ice does not preclude the use of other appropriate measures, as a mercurial cathartic, occasional emetics, verat. virid., tart. antim., etc. Spasm of the glottis being an extremely distressing element in most cases of this disease, the patient should at once be brought fully under the influence of belladonna (evinced by dilatation of the pupils and capillary congestion of the face), and so kept under its influence throughout the whole course of the disease. When we study the physiological action of this medicine in connection with the spasmodic element of croup, the beneficial influence of this drug cannot fail to be seen and appreciated.

"Acute laryngitis is not a very frequent disease in this section. In a continuous practice of over 38 years I have encountered only four well-marked cases. In acute laryngitis we have not the fibrinous deposit, as in true croup, but in its stead, infiltration into the abundant loose submucous areolar tissue about the glottis, and, per consequence, death by apnœa It is an admitted fact, that the treatment prescribed in standard works for this particular form of croup, and for acute laryngitis, is notoriously unsatisfactory in its results—failure being the rule, success the exception. It is true I have treated but one case of well-marked acute laryngitis in the adult since adopting the ice treatment. In this instance the disease was ushered in with rigor, followed by heat of surface, pulse 135, tenderness over the *pomum adami*, complete aphonia, painful deglutition, every movement of the tongue accompanied with pain. Ice in bladders was unremittingly applied to the front of the neck for four days and four nights; cal. tart., antim., verat. virid., etc., were used; but without the ice I would have had but little confidence in any treatment. Permit me to say that if I were restricted to the use of but one remedy in these two inflammations, that remedy would be ice, emphatically, ice."

SUGGESTION FOR TREATING SWOLLEN FINGERS.

A correspondent writes to the *Medical Times and Gazette*, London—

Allow me to suggest to your readers the use of the material in the treatment of the swellings of the fingers, which are often tedious and painful, in persons of rheumatic or gouty constitution.

For two or three years past I have used a piece of india-rubber finger-stall in fissures and slight cuts of the fingers; and for twelve months or more I have used it in cases of thickening or deposit around the joints of the fingers after injury, with great relief to the patient. It has seemed to me that the brown finger-stalls of pure rubber are better than the black or vulcanized.

A piece of tubing may be cut into lengths of about an inch or an inch and a half. One of these can be sliped over the joint by the patient himself, after he has been taught how to do it. It should be worn constantly, day and night. The patient will soon learn how to roll it off, and reapply it after washing his hands. When it has become too loose to give the necessary support another length can be taken.—*Med. and Surg. Reporter.*

VILLATE'S MIXTURE IN THE TREATMENT OF SINUSES.

A report from the Charity Hospital, New York, in the New York *Medical Journal*, states that several deep sinuses have recently been under treatment in the surgical service, in which no necrosed bone could be found, but which proved intractable to heal. Villate's Mixture was tried, first of half strength, then in full strength. In some of the cases it proved of value, in others it failed partially or completely. The case in which it proved of most service was one of deep sinus in the neighborhood of the hip joint. The original composition of the mixture was—

℞ Liq. plumbi subacet,	ʒ j
Zinci sulph. cryst.,	
Cupri sulph. cryst.,	aa ʒ ss
Aceti vini albi,	fl. ʒ vjss.

The mixture was injected once a day, and proved a more satisfactory application than any other. Some patients complained of severe pain, others felt but slight inconvenience from it.

ARISTOCRATIC REMEDY FOR ITCH.

Balsam of Peru	1	ounce.
Benzoic acid	110	grains.
Oil of cloves	40	drops.
Alcohol	2½	drachms.
Simple cerate	7	ounces.

Dissolve the essential oil and the benzoic acid in the alcohol, and mix them with the cerate. Lastly, add the Balsam of Peru. It is said to effect a cure in twenty-four hours.

FILLING TEETH AFTER EXTRACTION—REPLACEMENT IN ALVEOLAR CAVITIES.—SUCCESSFUL.

Dr. W. recently extracted four teeth, two of which were molars (one upper and one lower), cleaned and filled them after extraction, and then replaced them in the original alveolar cavities. The operation was successful, and the patient can use them in mastication.—*Centralblatt für Chir., No.* 50, *p.* 847.

THE CANADA MEDICAL RECORD,

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All communications and Exchanges must be addressed to the Editor, Drawer 356, *Post Office, Montreal.*

MONTREAL, AUGUST, 1880.

CANADA MEDICAL ASSOCIATION.

We desire specially to remind our readers that the 13th annual meeting of the Canada Medical Association will be held in the City of Ottawa, on Wednesday, 1st September. We have so often expressed our opinion of the value of this Association, and of the claims which it has upon the support of the entire profession of the Dominion, that we will now only express the hope that there will be a large attendance. We publish below a list of the papers, and we would suggest to those who propose to be present the desirability of *preparing* for discussion upon them. We are satisfied that, as a rule, the want of discussion upon many of the papers has not had a vivifying influence upon their authors.

Dr. R. A. Reeve, "Some Principles of Ophthalmology."

Dr. Hingston, "On Surgical Wounds."

Dr. Sewell, "Tea as a Valuable Therapeutic."

Dr. D. Clark, "On Brain Lesions."

Dr. J. Workman, "Atrophy of the Cerebellum."

Dr. Osler, 1st, "A Contribution to the Question of Spinal Paralysis. 2nd. Demonstrations of a Series of Specimens illustrating the Morbid Anatomy of the Brain and Spinal Cord."

Dr. T. K. Holmes, "Surgical Treatment of Laceration of the Cervix Uteri."

Dr. Oldright, "Some Common and Mischievous Defects in House Drainage illustrated by Apparatus."

Arrangements have been made for reduction of rates to members on presentation of their certificates. These may be had from Dr. David, Montreal, General Secretary, or from the following local secretaries: Dr. Wright, Ottawa; Dr. Ross, Montreal; Dr. Wickwire, Halifax, N.S.; Dr. Allison, St. John, N.B.

COLLEGE OF PHYSICIANS AND SURGEONS OF QUEBEC.

We direct attention to the advertisement of the College which will be found upon our advertising sheet. The preliminary examination takes place on Thursday, September 23rd. The semi-annual meeting of the Board of Governors of the College takes place on Wednesday, September 29th. Both these meetings are held at Quebec.

CLORINDA.

OR, THE RISE AND REIGN OF HIS EXCELLENCY EUGENE ROUGON.

To those persons who knew Paris during the reign of Louis Napoleon, each character in "Clorinda" bears a name; even the fair American, of whom mention is made in the description of Compiegne, is recognized—although Zola himself, in speaking of this work

says distinctly: "In it I have studied temperaments rather than characteristics—this is the distinguishing feature of my writings. I have chosen persons governed by their nerves and their blood, deprived of free agency, and impelled to each act of their lives by the fatalities of their flesh." That Emile Zola has painted the days and times of the Imperial Court of Napoleon III., with a powerful and vigorous pencil is very certain—as he had many opportunities of knowing of what he writes, for, if we are not mistaken, he was at one time the Duc de Morny's private secretary, and as a picture of the manner in which a scorned and slighted woman avenges herself, this work is absolutely without a parallel. The restless ambition and the gnawing sense of defeat, as depicted in the character of Eugene Rougon, carries with it a sense of reality which strengthened the conviction that the character was drawn from life, while the Duc de Morny is also easily recognized as one of the principal characters in the work. "Clorinda" is complete in one volume, in uniform style with "Nana," "L'Assommoir," and "Dosia," and will be found for sale by all booksellers and News Agents, and on all Railroad Trains, or copies of it will be sent to any one, to any place, at once, on remitting the price in a letter to the Publishers, T. B. Peterson & Brothers, Philadelphia, Pa.

PERSONAL.

Dr. Spencer (M.D. McGill, 1879) is about to remove from Montreal to Harbour Grace, Newfoundland.

REVIEWS.

Theory and Practice of Medicine. By FREDERICK T. ROBERTS, M.D., F.R.C.P., Physician to the University College Hospital, London (with illustrations). Third American from the fourth London edition Philadelphia, Lindsay & Blakiston. Montreal, Dawson Brothers.

We have upon more than one previous occasion expressed our opinion upon the high character of this work. An almost daily use of it during the past three years has more than confirmed our estimation of it, and we now have not the slightest hesitation in placing it in the very front rank of works upon the practice of medicine. The rapidity with which new editions of some works are brought forward does not in our opinion indicate their popularity, but it is different with the work before us. Its terseness and conciseness, yet withal its fullness, has so pleased those who purchased it that its value has become thoroughly recognised. As a result a legitimate demand has been created, and a call for fresh editions made. In the present volume we notice that many additions have been made, bringing it fully up to the times. The chapter on diseases of the absorbent system has been improved by reference to Bradley's work on diseases of the lymphatic system, and the Gulstonian lectures of 1879 on the same subject. In the chapter on diseases of the nervous system the very latest views of Ferrier, Charcot and Hughlings Jackson are given. The germ theory is discussed, and the latest from this field of observation faithfully recorded. Dr. Roberts is on this subject not as pronounced in his views as we would have wished him to be. Although noncommittal, we think his leanings are towards the truth of this theory. Some few illustrations are added, which add somewhat to the value of the book. The manner in which the publishers have done their work is admirable.

Elementary Anatomy, Physiology and Hygiene for the Use of Schools and Families. By EDWARD PLAYTER, M.D., editor of the Sanitary Journal, Toronto. Toronto, Hart & Rawlinson, 1879.

One pleasant sign of the onward progress of our Dominion is the appearance now and again of original works upon scientific subjects from the pen of our own men. The little work before us is written by one who during the last six or seven years has done a noble work in enlightening the Canadian public upon sanitary matters through his Sanitary Journal. His qualification for such a work is undoubted, and a careful examination of it enables us to say that he has done his task admirably. It is well written, is fully up to the times, and the illustrations are all that could be desired. We trust the Canadian public will appreciate it, and we strongly recommend its introduction in our schools. The better educated the growing public are in the physiology of their being, the better chance there will be for scientific medicine, and the less for these charlatans who prey upon the public through their fears.

Transactions of the College of Physicians and Surgeons of Philadelphia. Vol. 4, 1879.

This volume, like those which have preceded it, gives ample evidence that the College of Physicians of Philadelphia is comprised of active, intelligent and enthusiastic workers in the field of Medical Science. The various papers are well written, one of the most interesting being a case of spinal paralysis due to so-called spinal exhaustion from over sexual indulgence. The patient was only twenty-five years of age, and in many respects the symptoms are analogous to those present in the case of spinal appoplexy published by Dr. Wilkins (Professor of Physiology in Bishop's College, Montreal) in the May number of this Journal. The paper is from the pen of Dr. Tyson. His patient fortunately recovered. There is also an interesting paper on Medical Missionary work in Japan.

Reports to the St. Louis Med'c al Society, on Yellow Fever, St. Louis, Mo. GEORGE O. RUMBOLD & Co., 1879.

These reports are most exhaustive, and to those interested in the story of this very fatal disease, almost we believe unknown in Canada, they are of great importance. They certainly prove the great value of quarantine; also that the disease may be robbed of much of its fatality and productiveness by a rigid enforcement of sanitary laws.

"*The Stranglers of Paris,*" Adolphe Belot's last and best novel, is one of the most fascinating and interesting romances ever written, as well as powerful and graphic. It has been dramatized, is now the great dramatic sensation of Paris and London, and is to be performed throughout the United States at all the principal Theatres in the fall. "The Stranglers" is a story of rare power, written in bright crispy sentences, and right up to the point. It deals with a mysterious murder committed in Paris, and the ingenious means taken by the police to discover and capture the unknown assassins. The reader follows the rapid development of the plot breathlessly, is kept in a state of constant excitement by the movements of the detectives and the murderers, and does not feel willing to lay aside the book for a moment until the stranglers are finally trapped and sentenced. The novel is worthy of Wilkie Collins or Emile Gaboriau, and though highly sensational is not in the least trashy. It is certain to find hosts of readers. "The Stranglers" has been translated in the most thorough manner by the well-known and popular translator, George D. Cox, and the reproduction is faithful and complete. It only remains to say that the romance is as pure as it is fascinating, and a credit to the gifted author of "Article 47."

This book will be especially interesting to the Legal and Medical mind on account of its extraordinary evidence in both branches.

Price 50 cents in paper, or $1.00 in cloth, and is published by T. B. Peterson & Brothers, 306 Chestnut street, Philadelphia, Pa.

Messrs T. B. Peterson & Brothers, Philadelphia, have in preparation a Sarah Bernhardt edition of the younger Dumas' powerful novel, "Camille: or, The Fate of a Coquette." The work will be highly important as a complete key to Mlle. Bernhardt's conception of Camille. It will also be a fitting souvenir of the great French actress' visit to this country, and on the cover will be found a capital portrait of her. Paper cover at a low price.

Henry Greville's new Russian story, "The Trials of Rassia," is speedily to be published by Messrs. T. B. Peterson & Bros., Philadelphia. It deals with life and love in the far-off dominions of the Czar, and is full of interest from beginning to end. No one can write a Russian novel like Henry Greville.

Petersons' popular "Dollar Series" is soon to be augmented by the addition of "One for Another," a sparkling society story. This novel has a strong plot, well-defined characters and continuous interest. All readers of fiction will relish it. Publishers, T. B. Peterson & Bros, Philadelphia.

"The Black Venus," now in press by T. B. Peterson & Bros., Philadelphia, is a thrilling novel destined to create a sensation of no ordinary kind. The scene is laid in the unknown regions of Central Africa, and the slave traffic engrosses attention. No better description of the cruel and ferocious dealers in human flesh was ever given than in this great novel. It was written by Adolphe Belot, and the Kiralfys' grand spectacular play was founded on it.

THE CANADA MEDICAL RECORD.

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CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

Treatment of Surgical Wounds, by W. H. Hingston, M.D., L.R.C.S.E., D.C.L., Surgeon to Hotel Dieu, Prof. of Clinical Surgery, Montreal School of Medicine, 301—Ectopia Renalis, by W. Marsden, A.M., M.D., ex-Presid. College Physicians and Surgeons of the Province of Quebec, &c., 307—Tea as a Valuable Therapeutic, by James A. Sewell, M.A., M.D., Dean of the Medical Faculty of Laval University, Quebec.....310

CORRESPONDENCE.

PAGE

Letters from Readers.....313

PROGRESS OF MEDICAL SCIENCE

Elixir Chloroformi Compositus, by W. F. McNutt, M.D., L.R.C.P., Ed., 313—Arsenic in Heart Disease, 313—The Chloroform Question, 313—Iodide of Ethyl in Asthma, 315—For the Cough of Tubercular Laryngitis, 315—The Treatment of Diphtheria, 315—Should Teeth be extracted during Pregnancy, 316—Strangulated Hernia in Private Practice, 317—A New Remedy for Dysentery, 317—Prolapse of the Rectum in Infants, 317—Lancing the Gums in Dentition, 317—Treatment of Alcoholism, 318—The Hot Bath as a Restorative, 318—Bromine in Laryngeal Croup, 319—Venereal Warts.....319

PAGE

EDITORIAL.

Sale of Poisons, 320—Quackery, 320—Literary Note on Vivisection, 320—Personal, 321—Canada Medical Association, 321—Married..... 324

Original Communications.

TREATMENT OF SURGICAL WOUNDS.

By W. H. HINGSTON, M.D., L.R.C.S.E., D.C.L., Surgeon to Hotel Dieu, Professor of Clinical Surgery, Montreal School of Medicine.

[*Read before Canada Medical Association at Ottawa, September 2nd*, 1880.]

More than two hundred years ago, Ambroise Paré, who loved to style himself Conseiller et Premier Chirurgien du Roy, under the head, De la curation des playes en général, wrote in quaint old French thus: "Le chirurgien pour la curation des playes se doit proposer une commune indication, qui est union des parties divisées, laquelle est notoire, mesme aux idiots. Car ce qui est séparé, montre facilement qu'il doit être rejoint, d'autant qu'union est contraire à division; mais par quel moyen, et comment la dite union doit êstre faite, n'est cogneu d'un chacun."

A gaping wound, caused by the surgeon's knife (and to this class alone allusion is made in this paper), appeals as eloquently for closure and union, as did the poor dumb mouths in the body of the dead Cæsar. The mode and manner of *making* the wound are laid down with a precision almost mathematical, and those mechanical actions, directed by the hand, à titre de remède sur l'homme infirme ou malade, have their limits accurately defined. Not so, however, the treatment of the wound thus made.

Yet are there but two methods of treating wounds; but two general methods, however widely they may be made to differ in detail. 1st, to obtain immediate union, or by first intention; or, 2nd, to obtain mediate union, or by second intention.

It is not necessary to allude to that third quasi method, secondary immediate intention, the "*réunion immédiate secondaire*" of French writers.

It is not long since union by second intention was alone spoken of; and surgeons the most distinguished had the habit of, either through ignorance or design, preventing that union by first intention which modern surgeons so much desire, yet not always acting as if desirous of obtaining it.

The time is past for filling the wound with compresses of lint, or of sponge steeped in some irritating fluid, as the ancients did; or for having them touched with heated irons, as Heliodorus did; or for filling them with garlic or salt, honey, flour or eggs, as Paul of Eugineata did; or with styptics, as the Arabs did; or with a bag of wool, as Helden did; or with a bullock's bladder, as Wiseman did; or with other equally ingenious methods of defeating the object had in view in the treatment of most surgical wounds, the most elegant perhaps, yet not the least mischie-

vous, that of anointing the cut surfaces, and of leaving in the wound perforated pieces of linen loaded with simple or other cerate, according to the fancy of the surgeon, as surgeons within my own day have done.

Still, while now-a-days we avoid those extremes of mischievous meddling, we sometimes drift into a meddlesomeness not less mischievous, and with less excuse than had those who preceded us.

The practice, until thirty years ago, was not immediately to approximate the surfaces of wounds after amputations. British surgeons, led by Hey, adopted it generally; French surgeons, and chiefly Pelletan and Larrey opposed it; but equally great men, and chiefly Dupuytren, Delpech and Roux advocated it, and it at length became as general in Paris as in London. But again the practice was called in question, and chiefly by the men who had recommended it whom I have already named.

It will, I think, be readily conceded by every surgeon that the proper dressing of a wound after an operation has as much to do with its success as has the mode of its performance.

Is it desirable to have union by first intention, or is it desirable to have what is termed a healthy suppurating wound to unite by second intention? Most surgeons now-a-days are of opinion that the former method is desirable where practicable; most, yet not all, for some contend that, while union by second intention is more tedious, the suppuration established prepares the patient for those changes which *must* take place in his system as a result of the operation; whereas others hold that in union by first intention patients suffer less, pain is slight, there is no fever, no inflammation, no suppuration, and a better and a firmer stump. Arguments such as these long ago induced military surgeons to endeavor to obtain this much-desired union, while surgeons in civil practice pretended they had even better grounds for not desiring primary union. It was formerly claimed by the opponents of primary union, as it is claimed by them to-day, that effusions of blood between the cut surfaces, and beneath the muscles, must necessarily lead to suppuration. In my early days ample provision was made between the sutures, and at the most dependent part of the wound, for the escape of the looked for pus. It never occurred to one to doubt the formation, in due time, of pus. I had never seen but one amputation without subsequent suppuration, and why there had been no suppuration in that as in other cases I could not determine. It never occurred to me to doubt the advantage of primary union in cases where the soft parts could be easily brought together, and when the flaps, and the parts they cover, are healthy; but the confounding of tissues so diverse, as skin, muscle, tendon, bone, connective tissues, nerves and blood vessels and blood clots, besides the foreign bodies from without, seemed sufficient to shut out all hope of union by first intention. I was surgeon for several years to the Hotel-Dieu, without having, but once, seen complete and entire primary union of a large surgical wound. Experience now tells me that primary and permanent union can be obtained in by far the greater number of surgical wounds by attention to details which, at first thought, may appear quite unimportant. Chief among these details, may be mentioned the following:

1st. The soft parts must have been divided cleanly and by a single stroke. There must be no deviation of the trenchant instrument from its *continuous* course; no partial withdrawing of the knife to again advance it, not always, perhaps, in precisely the same line, thereby leaving tissue wholly or partially separated from the general organism.

2nd. The flaps must be constructed so as to fall easily and neatly into the desired position and be sufficient without stretching, dragging or even coaxing.

3rd. Before being brought together, the wound must be quite dry. No bleeding, no sweating, even, of the surfaces must exist. Every vessel must have been closed *without* ligature, either by forcipressure, acupressure or torsion. (I mention these methods in the order, as they appear to me, of their general value.) If the vessels are small, forcipressure always; if large, acupressure generally, and sometimes torsion, though I rarely, very rarely, adopt the latter method.

4th. Before approximation of the surfaces everything must have been removed. And here perhaps one of the most important details in the dressing is systematically neglected. To dry the free surface with a sponge; or to dip down into the little wells and cavities of the

wound, and to suck therefrom the fluid, is not sufficient. Sponges, even of the best quality, suffer shreds and pieces to fall off, too small perhaps to be noticed, but not too small to be sources of irritation and therefore of suppuration. The wound should be deluged with tepid water to wash away minute clots and hardened *liquor sanguinis*, but more than these, the bone dust which the saw has separated, and which will not be taken up by a sponge; and the parts should be so held that the water will flow away readily.

5th. The wound should be so brought together that the surfaces shall be made to touch each other throughout their whole extent without enclosing atmospheric air; that there shall be coaptation, and not undue pressure.

6th. The edges should be kept in intimate approximation by sutures, and not by adhesive plaster. Those near the edge should be closed loosely; and upon the deeper ones, and those far from the edges, should be imposed the task of holding the parts together.

7th. The wound should remain uncovered, and neither cerate nor linen, nor plumasseau should be applied. There should be no bandage to press unduly, or not at all, and collect and retain the excreted matters and necessitate the handling of the part when absolute rest of the part is imperatively demanded. The wound should be allowed to remain at perfect rest, and should not be touched till all the sutures are removed. If all goes on well the deep ones may be removed first—at the end, generally, of the second day, and those near the edge on the third day, should union be found complete. In amputation of the breast nothing further is required, but in amputation of the arm, thigh, or leg, undue pressure of the soft parts against the cut end of the bone must be prevented. Some years ago I amputated a man's thigh for disease of the knee joint. Everything looked well till the sixth day, when it became evident that, although the flaps were abundant, the femur pressed unduly against the upper flap. Soon the skin became shining, and showed evidence of approaching perforation. In an adjoining bed a boy was under treatment for hip joint disease; and the extension apparatus on him at the time suggested to my mind a similar expedient to prevent protrusion of the bone. I adopted the weights and pulley—not pulleys—with happy result. Since then I have continued to use the same method as a means of coaptation, and to draw away slightly the tender soft parts from the angular cut bone. I am not aware that any similar expedient has been adopted by other surgeons. If it has, I can only here proclaim my ignorance of it. Thoroughly reliable yet non-irritating plaster must be used in those cases for extension purposes (Martin's of Boston, I consider the best), and the weight used should be sufficient for the object in view. The patient's feelings are the best guide, and I have invariably found, after amputation of the arm, thigh or leg, that a moderate weight invariably gives relief.

8th. As there are no bandages around or over the stump, and no covering of any kind, there is no place for warm or cold water dressing, and neither is used.

This method of treatment is far more simple than any hitherto suggested. Most German surgeons many years ago discarded heavy dressings around the stump and substituted light ones, which were kept continually wet with cold water. But the credit of this improvement is due rather to the Spaniards than to the Germans, and Costello, physician to Ferdinand VII., states that the practice was general throughout Spain.

In the Franco-Prussian war, the Prussian surgeons substituted, in great measure, warm for cold water. This was certainly a move in the right direction, as cold water after the first few hours is absolutely hurtful as well as painful. Warm water is more agreeable, but without a linen covering, and without either warm or cold water dressings, the part is far more comfortable.

Air dressing has also this advantage: the parts may be seen without being touched. Touching a healing wound, however lightly, is mischievous in the extreme. No intelligence of value can be gained by the sense of touch. Lymph, connected with the surrounding tissues, organizable and being organized, detached at the touch of the too curious finger, is at once a foreign body. No longer susceptible of organization, it must be washed out of the wound by suppuration as certainly as if it were a thorn.

I hope it will not be considered too elementary to state what is a foreign body. The term is not a happy one, for it at once conveys to the

mind an idea of something extraneous, something foreign to, the body altogether; something heteramorphous; whereas a foreign body may exist within the body, and may even again be taken up, be absorbed and disappear having been eliminated from the system, in a changed form, through the ordinary emunctories. A foreign body may indeed be absorbed and disappear. We see that process in a specific bubo, when morbid matter, the virus of chancre, is carried by the lymphatics from the point of infection to the gland of the groin or elsewhere. Symptoms of inflammation in the glandular structure manifest themselves, and evidences of suppuration subsequently occur; but every surgeon knows that, one or two days later, all evidence of pus may have disappeared. So frequently is this the case that it is not the part of a prudent surgeon to promise to open a bubo on the morrow, when the morrow may have obliterated all trace of pus, and that, too, without being attended with any signs of pus absorption or of pus poisoning.

What is meant by foreign bodies in surgical wounds? Not alone what enter from without, but what depend from within the body itself, and chiefly blood and its constituents. At the very moment of division of a part exosmotic action, excited by the stimulus of the knife, goes on with more than usual vigor. The exuded product may not always be visible, for hidden away in pockets here and there the blood or liquor sanguinis may remain in quantity too great to be absorbed, and in a short time, acting as a foreign body, though of the body, requires to be expelled from the wound where it was creating mischief.

To provide against this pent up liq. sanguinis tents and drainage tubes are used now-a-days somewhat extensively. The introduction of a tent or drainage tube in a recent and clean wound is, in my opinion, objectionable, and should never be practiced unless foreign bodies are known to exist, and cannot be got rid of save by an extensive or a hazardous dissection. The use of tents and drainage tubes is painful. They *cause* irritation, inflammation, suppuration. They do, they can do no good in a recent and properly constructed surgical wound. They may be necessary at a later period in an ill-constructed or an improperly cleansed wound. It is strange the unanimity of ancient surgeons, even to the time of Galen, on this question; and our modern Chassaignac, who has laid the science of surgery under such deep obligations, when he furnished his tube de drainage, now so generally used, never dreamed it would be inserted between the lips of a fresh wound to prevent that union between them so much desired.

Galen, in his 4th meth., says that every single wound, however deep, demands that there shall be nought between the lips which could prevent their agglutination, and it was reserved to modern surgery to depart from so wise a counsel. According to Galen, there are five principal objects to be held in view: 1st. To remove foreign bodies; 2nd. To approach the lips of wounds; 3rd. To maintain them in apposition; 4th. To preserve the temperature; 5th. To correct any accidents that may arise on the road to union. This, viewed with all the acumen of modern surgery, is the whole law. How is it observed? Within the past few months a gentleman reached this city (Montreal) minus a limb. He had splintered it with a fowling piece; and amputation followed at once. The operation was nicely done, and the flaps were perfect in form and adaptation. But to make assurance doubly sure; to provide for suppuration which might not occur, horse hair tents were laid along the bottom of the wound. I need hardly say the horse hair tents had done their duty well, and suppuration was well established. Once established, and established in all probability by the horse hairs, the latter served to convey without the body what they had alone, perhaps, created within it. This is a retrograde movement, but it is a general one, either with the horse hair, or hemp, or twine, or silk, or Chassaignac's *tube de drainage*, or fluid or gaseous bodies.

But if we fail in obtaining union by first intention within a few days; if blood; or liquor sanguinis; or water; or the debris of a sponge; or the saw dust from the bone; or the deep mourning beds from beneath the operator's finger nails or those of his assistants; or the too often neglected pent-up air, has been left within the wound, and the skin closed over all, local reaction is soon manifested; swelling, redness and afterwards, *fever*, follow; and within the stump an abscess is formed bound, on the one side by the skin, and on the other by the divided muscles, nerves, lymphatics, blood

vessels, bone, the sutures must be removed quickly and freely, and the collected pus allowed instant issue, otherwise it penetrates the newly divided tissues, dips down between the muscles, between their fibres, along the periosteum, and even between it and the bone, inflaming them all, and requiring weeks and months, perhaps, of an exhausting suppuration to be cleansed again. Abscesses in a stump are very different from other abscesses. In most cases they are between the aponeurosis and the skin, and the aponeurosis being a fibrous tissue, and of low vascularity, resists absorption better than the skin. In the cut parts of a stump it is otherwise. But this is a part of the subject into which it is not my purpose to enter, further than to say that, as our every effort in this second instance is to cleanse the wound of pus and debris, it was, or should have been, in the first instance our endeavor to cleanse the wound of material giving rise to the formation of pus. For suppuration, as Richard states, ever commences around a foreign body, and indicates its presence though that foreign body may be a point in the organism where life is extinct or in peril.

When, then, the liquor sanguinis has lost its physical qualities; when the wound begins to purge (to use a pregnant word); when the surface becomes soiled and stained, and the secretions foul and bearing their burden of dying and dead tissue, though minutely divided, the course of treatment hitherto pursued must be changed. This is the period of greatest anxiety as it is the period of greatest malignity, when the wound must be thoroughly cleansed and kept clean till little red elevations appear on the surface, harbingers of a return to a forward movement, which, though tardily, conducts to union. It is not the pus during this anxious period (the third to the eight or ninth day) which is to be dreaded. Pus has not the malignity which is ascribed to it. Changed and turbid plasma, it is but the vehicle for a variety of substances to find their way out of the body—foreign bodies *in* the wound or *of* the wound, and those imponderable immeasurable elements of malignancy which we term virus.

This is the period when antisceptics are of greatest value: sulphate of alumina, alcohol, salicylic acid, and more than all, and better than all, carbolic acid diluted with warm water and used freely.

It has been contended, and very generally believed, that in the healing of wounds a new force is generated, to wit the *reparative force*. The reparative force is not at all a *new* force. It is a new force so far as our vision is concerned, but the reparative force is but the continuation, now visible through the divided structures, of that force which obtains at every instant of our existence; that perpetual action of the liquor sanguinis through the walls of the vessels, and chiefly of the capillaries, by which the whole organism is constantly undergoing change and renewal. It may, and undoubtedly does happen, that the reparative force, after an injury, is called into greater activity than before. The stimulus to the part when the wound was created would alone be sufficient to increase the activity of that already existing force. But *before* the creation of the wound, the force existed. *Before* the creation of the wound liquor sanguinis transuded through the walls of the capillaries to repair the incessant waste; and *after* the creation of the wound liquor sanguinis transudes through the walls of the capillaries with greater activity to repair a greater waste, and to form a newer but a like fabric. It is not the blood poured out from the cut ends which agglutinates; and it is not the blood from the cut ends which repairs and renews. The blood from the cut ends of arteries, veins, or capillaries interferes, and interferes most seriously, with the reparative force. Binding up a wound in its own blood is therefore a mistake, unless the binding process presses out from the wound all the blood which is external to the vessels. Healing, uniting, agglutinating the surfaces of a wound is a forward movement: the plasma bathes the divided parts, and is elaborated from the transuded fluid, and the new tissue becomes organized. But when circumstances are not favorable to this forward movement,—this movement towards organization– the movement is retrograde. It is now a movement not to deposit and build up, but to liquify, absorb and take away. A movement a fine towards supporation. In a living body there is no rest: there must ever be a forward or a backward movement, although both these movements may coexist. But how differently appears the plasma in the forward and in the backward

movement. In the former the plasma or the liquor sanguinis is translucent and diaphanous as crystal. In the latter it is thick, turbid and yellow, and bears another name. But though bearing another name—pus—it is still the same liquid changed only in physical qualities. The pus globules which now exist in greater or less quantity in the liquor sanguinis, and give to that liquid its turbidity, are said by histologists to be found in many tumors, and normally in mucous and serous membranes. But when they are found in greater or less abundance in the exuded liquor sanguinis, which till then was translucent, they always indicate a hurried troublous state of the organism. I should wish these two dissimilar movements to be borne in mind when considering the question of union of a wound.

If, as I elsewhere stated in a surgical wound, suppuration, is the result of irritation, to what unnecessary irritation is a wound exposed under the manipulations of the surgeon and his assistants, and chiefly the assistants. Though the former wields the knife he divides the tissues, or should divide them cleanly, and at once, and the blood "rushing out of doors" washes into oblivion all sense of the irritant. But the assistants with their sponges, pressing persistently and again down upon and mopping the sensitive divided structures, recall and maintain the irritation. The too free use of the sponge prevents all chance of primary union. The ophthalmic surgeon sets an example in this matter which surgeons generally would do well to follow. When operating upon the eye the rapidly flowing tears, tinged with blood, are *received* at the outer or inner commissure, as they overflow, by some bibulous material. If the imbibing material is advanced beyond the commissure, it is to suck up from some sulcus the fluid that will not overflow. But the conjunctiva lining the eyelid, or covering the eyeball is not rasped by a bearded sponge. And yet the divided tissues entering into the formation of a flap are not less sensitive than is the undivided, or even divided, conjunctiva or cornea.

It may be expected I should allude to that method of treatment which has occupied and is occupying so large a share of the attention of the profession. Hitherto have I said nothing of Listerism? nothing of antiseptic surgery? Of the former, 'tis true, I have said nothing; but of the latter, much. But I may observe: there can be *no* successful treatment of a surgical wound which does not recognize the ever impending possibility of septic poisoning and the necessity for its prevention. To guard against septic poisoning in surgical wounds is the object of this paper, too short, indeed, for my purpose; too long, I fear, for yours.

(As the discussion which followed the reading of Dr. Hingston's paper elicited some practical observations from his auditors, and from himself, we give those observations here, instead of at another place under the heading of the Association's proceedings at Ottawa. ED. M. R.)

Dr. Brodie of Detroit was of opinion that the simplest dressings are the best; attached much importance to cleanliness; arrested hœmorrhage with warm instead of cold water; and handled the wound as little as possible afterwards.

Dr. Goodwillie, of New York, agreed fully with Dr. Hingston in the general principles laid down; and thought cleanliness and dryness of the flaps of the greatest moment.

Dr. Fulton, Toronto, was not a believer in Listerism as practised; he opposed the use of drainage tubes in a recent and clean wound, thought them unnecessary and certain to create irritation and suppuration; was in the habit of lightly covering the cut edges with cotton, thought the cotton aided in maintaining apposition.

Dr. Stewart said with reference to Listerism, in which he was a believer, that carbolic acid had the property of organizing the blood clots left in a wound after an operation.

Dr. Sullivan (Kingston) expressed his admiration of the paper and the manner in which it had been submitted to the section—embodying as it did the experience of one whose opportunities for clinical observation were equal to those of any one in the Dominion. He (Dr. Sullivan) wished to be informed as to the best method of applying the plaster to the flaps in order to obtain extension; he asked if torsion, in the opinion of the writer, did not take the bleeding artery from its bed and leave it partially detached, and with its vitality imperilled, in the wound; he also wished to know how long Dr. Hingston would wait before closing the wound; and why, in speaking of weights and pulleys in the treatment of wounds

of the long bones, urged the use of pulley and not pulleys, as in extension in morbus coxæ.

Dr. Canniff (Toronto) said the paper was an eminently practical one, and contained suggestions of great value. It simplified very much the treatment of surgical wounds, but at the same time he expected to hear something of Listerism, and of its utility in surgery. He had confidence in antiseptic surgery, though he could not agree with one of the speakers, (Dr. Stewart,) that carbolic acid had the power of causing the organization of blood clots. He believed that neither carbolic acid nor anything else had that power. If absorption of a clot took place, it was a clot of fibrine more or less colored.

Dr. Hingston, in reply, said: As Dr. Brodie and Dr. Goodwillie have not taken exception to any portion of my paper, but agree with the general principles, I have nothing to reply further than to mention my gratification at its endorsement by the two distinguished delegates of the American Medical Association.

Dr. Fulton, while he expressed general views similar to my own, says he is in the habit of covering the cuts with cotton. I consider this dressing as perhaps the least objectionable, as the open nature of the dressing permits the wound to be seen; but it has this objection, it requires handling to remove it, or to get at the sutures beneath it.

In reply to Dr. Stewart, I should deny to any antiseptic, carbolic acid included, the power of organizing blood clots. Dr. Canniff has given us the only explanation possible of the change which may occur in effused fluid.

Dr. Sullivan has asked me a number of questions in a way which shows his familiarity with surgical science:

1st. As to the method of applying the plaster for extension purposes. Deltoid-shaped pieces are placed along the limb, as for extension in morbus coxæ; the ends are allowed to project beyond the end of the stump, and are allowed to approach each other or run parallel as coaptation or pressure may be required.

2nd. One pulley is used, and not two, and for this reason: a single pulley, and a single cord passing over it, permit the patient to assume the prone or supine position at pleasure; whereas with a double cord and two pulleys there would be lateral traction on every change of position.

3rd. Torsion does, I think, what Dr. Sullivan states, and for that reason I do not use it, save in the absence of Pean's forci-pressure forceps or acu-pressure needles, a contingency which could not arise in hospital, or even in private practice, except in case of accident.

4th. As to the time of waiting before closing a wound, that depended on circumstances. Where the parts are vascular, and all the minute vessels could not be readily seized, delay would be considerable. But time is no element in the treatment. The *continued* shock is a bugbear. As in ovariotomies, less attention is given to the duration of the operation than to the thoroughly clean and dry condition of the wound.

In reply to our distinguished Chairman (Dr. Canniff),

I may say that to touch upon Listerism in my paper would be to open up an almost endless discussion upon what is not germane to the subject. I may state briefly, however, my belief that carbolic acid has its place and power in the treatment of surgical wounds. Its place, as an antiseptic in suppurating wounds, is the foremost; its power there as a cleanser is greater than that of any cleanser I have used; and its miscibility and volatility render it the most readily and most generally available of all remedies. But, while admitting this most cheerfully, I contend that its place is not between the clean-cut surfaces of a surgical wound; its presence there is unnecessary; there its power of good is nil; and, without it, union by first intention can be more readily obtained. It is an irritant, though not a durable irritant. If, however, it be so largely diluted that its irritant qualities be reduced to a minimum, the *mechanical* action of the vapour in which it is carried may do good; while the acid will be too feeble to do harm. But in hospitals a new set of influences is in operation. There the wound is often surrounded by an atmosphere more or less impure. The practice adopted by many London surgeons of impregnating the air of the room in which the operation is performed before the surgical procedure is begun, and during its continuance, is the one which appears to me the most reasonable under the circumstances, and it is the method I have adopted in major operations generally. I may state that in my last six ovariotomies in the hos-

pital, atomizers were made to pour out carbolic acid vapour from early morning till eleven o'clock, when the operations were begun; and they continued their work around the wound, not into it, till the work was complete.

A strong impression as to the little value of the antiseptic in recent wound was made on my mind on the occasion of my last visit to Europe. Syme and Simpson, Edinburgh's greatest teachers, were living at the time. The latter invited me to be present when he removed a breast. Before the operation was begun, he said to me: "Come every day, and see how this case gets on —I promise you there will not be one drop of pus"! I am free to admit I thought the promise a bold one. I visited the case till union was complete; and, as had been promised, was formed "not one drop of pus." At about the same time I saw Mr. Syme perform the operation on the foot which bears his name. It is needless to say it was well done, and with antiseptic precautions. But before the integument was sutured, it was perforated at the most dependent part, and a piece of lint soaked in carbolic acid and linseed oil was put through it. I ventured to ask Mr. Syme what that was for: "to permit the escape of pus," was the reply. "Then you expect pus, Mr. Syme?" "Certainly," was the answer. This promise also was fulfilled, and pus did form. Their two modes of operating impressed me strongly, but not in the same manner. Simpson's method, as on the occasion referred to, has influenced my practice ever since; and the adoption of his method, with such modifications as I have mentioned in my paper, has given results with which I have reason to be satisfied. To gather statistics generally would be endless; to quote opinions, useless. But I shall take statistics furnished by a distinguished surgeon near home, and I believe them to be thoroughly reliable. The time occupied in the healing process in those cases, if that process was one of second intention, was short indeed; and I gathered it was second intention from the circumstance that the drainage tube had been used. I am open to correction, however, on this point. Another claim put forward in the statistics referred to was the less frequent occurrence of erysipelas in hospital now than formerly, before the use of antiseptics. I venture to suggest that the comparative freedom from erysipelas now is due to the greater attention to cleanliness. And I am led to that conclusion from the fact that in the Hotel-Dieu hospital, where ventilation is not what could be desired, but where cleanliness of and around the patient obtains to a degree which almost ceases to be a virtue, and where, in surgical cases, absolute cleanliness, in and around the wound, is sought for, erysipelas is of extremely rare occurrence. Indeed, I cannot recall but a couple of instances in my wards in nineteen years' attendance.

Dr. Bell said in the cases referred to union had occurred by first intention in every single case. He was not aware whether the fact was expressly stated in the article in question or not, but could assure Dr. Hingston that such was the case. These cases, moreover, were all major amputations, and drainage tubes were inserted at the angles of the wound; but all along the face of the wound primary union occurred with wonderful rapidity.

ECTOPIA RENALIS.

W. Marsden, A.M., M.D., Ex-president College Physicians and Surgeons of the Province of Quebec; Ex-president Canadian Medical Association; Governor College Physicians and Surgeons, Province of Quebec; Fellow Medical Botanical Society, London; Cor. Member London Medical Society; Honorary Fellow Berks Medical Institute and Lyceum Natural History; Fellow Medico-Chirurgical Society, New York; Cor. Fellow Obstetrical Society, Edinburgh; Member Gynæcological Society, Boston, etc., etc., etc.

Read before the Canada Medical Association at the 13th Annual Meeting at Ottawa, September, 1880.

Movable, Migratory, Loose or Floating Kidney, are all terms which may be appropriately applied to the species of organic lesion which forms the subject of this short paper.

I apprehend that this *ectopia* is of much more frequent occurrence than is generally suspected or known, and my object in bringing it before this Association is not intended to add anything new to our Clinical Pathological Literature, but to draw the attention of my professional brethren to the fact of its obscurity and probable frequency.

Although I have been in an active practice for upwards of fifty years, I have had only one ascertained case of this luxation, but I am justified by several writers in assuming both its obscurity and its frequency.

Ebstein * says, many cases of long contin-

*Ziemssen's Cyclopædia of Medicine, Vol. 15, page 764.

ued abdominal pains and obscure disturbances in the lower part of the abdomen are primarily due to moveable kidneys, which will escape notice so long as an objective examination is not made.

Rayer seems to have been the first writer to give a comprehensive clinical history of moveable kidney which has had any influence on medical practice, and Trousseau has followed in his wake, making it the subject of one of his learned and instructive lectures.

Dr. Walther of Dresden examined a great number of persons, and found moveable kidneys in many in whom the anomaly caused no symptoms whatever, so that the patients were entirely ignorant of its existence. An accurate estimate of the frequency of this lesion is consequently impossible, since, as a rule, only those cases come to the physician's knowledge in which the anomaly causes troublesome symptoms, or in which the mobility of the kidney is accidentally discovered during an examination of the abdomen undertaken for some other reason.

Rayer states that the female sex is peculiarly predisposed to this anomaly, and Ebstein confirms the fact, having collected reports of ninety-six (96) cases, of which eighty-two (82) occurred in females, and only fourteen (14) in males. Dr. Fritz also collected thirty-five (35) cases, thirty (30) of which were females, and five (5) males.

In infancy and old age, moveable kidneys are very rarely met with, as most of the cases happen between the ages of twenty-five (25) and forty (40) years. In the great majority of cases the right kidney is the affected one. In ninety-one (91) cases, Ebstein found the right kidney affected sixty-five (65) times, the left fourteen (14) times, and both kidneys twelve (12) times.

Some writers attribute this *ectopia* to tight lacing. Cruveillier noticing the predilection for the right kidney in women who compressed the liver by tight lacing, found the right kidney sometimes in the illiac fossa, occasionally in front of the vertebral column, occasionally on a level with the mesentery in which it was embedded. The less frequent displacement of the left kidney is, however, more due to the fact that the left hypochondrium (which is occupied by the spleen and the fundus of the stomach) bears pressure with greater impunity. Notwithstanding the greater predisposition to mobility of the kidney in women as compared with men, tight lacing seems to have little to do as a factor, since this anomaly is relatively least frequent among ladies and women belonging to the wealthier classes, by whom corsets are most commonly worn. The chief exciting cause is *repeated pregnancies* and *deliveries*, and a *hyperomic swelling of the kidneys during the menstrual period, at which time females labouring under this lesion suffer most.*

Ectopia renalis takes place slowly and gradually, even in traumatic cases, and is congenita as well as acquired. Blows, falls, prolonged fatigue, heavy labour, great exertions, contusions, etc., are among the exciting causes of moveable kidney. My own *solitary* case to which I have alluded was traumatic.

As to the symptoms of this ectopia Dr. Walther's researches shew that there are none Moveable kidneys are almost always a *post mortem* discovery, but are never fatal; and Trousseau says it is an infirmity which is not serious, and which we can always hope to alleviate, but hardly ever hope to cure. *Post mortem* examinations, however, shew that spontaneous cures do sometimes occur, as the results of peritoneal inflammation, by which the kidney is either replaced or forms a new attachment by inflammatory peri-nephretic adhesions. Dr. Bequet mentions a case where on one occasion renal fluxion became excessive, and partial peritonitis arose, followed by the formation of false membranes, and resulted in the displaced kidney ceasing to be moveable, and becoming definitely fixed in an abnormal position. Dr. Guéneau de Mussy also adopted this opinion, having met with a similar case.

Moveable kidneys have not unfrequently been mistaken by physicians of undoubted skill and scientific attainments for other tumours, and cases have occurred where operations have been undertaken for their removal resulting fatally. They have been mistaken for tumour of the liver, gall-bladder, spleen, mesentery, intestine or for fibrous tumour of the ovary. *Trousseau mentions a case where "more than ten physicians were consulted, and all with one exception were of opinion that it was malignant tumour of the

*Trousseau's Lectures.

liver. The physician who dissented (a Homœopath) pronounced it a tumour of the uterus, and treated it acccordingly. He treated metritis which really did exist, but he cured neither it nor the tumour."

A case taken from the London *Lancet* is reported in the Edinburgh *Medical and Surgical Journal*, Vol. 10, page 952, where a kidney lying in the abdomen in front of the intestines was mistaken for an ovarian tumour, and operated on, resulting in the death of the woman within three days.

Fearful of being tedious in my details, I will now refer to my own case. It was beyond doubt the result of repeated falls. The lady was a bold and fearless horsewoman, rode a great deal on horseback, and had had several very severe falls when riding.

She was thirty-two (32) years of age, about five foot five inches high, well formed, good bust, constitutionally sound and healthy, and came from a very healthy stock. Several months previous to consulting me, she had for some time suffered a great deal periodically with dyspepsia, hysteria, and hypochondriasis. Her first severe fall from her horse (by being run against by a carriage) was about eight years since.

When first consulted in this case on the 4th September, 1878, I found her labouring under the same set of symptoms as those just mentioned, with the addition of an unpleasant and painful sensation in the abdomen, with great flatulence and colicky pains. I ordered warm poultices, warm bath and aperients (which latter were indicated) with perfect rest, to which the distressing symptoms yielded in a few hours.

On the 19th December I was again called in, and witnessed a renewal of all the former symptoms, and was told that the attacks had been renewed periodically since my former visit, but in addition that a small round hard tumour had appeared in the right side about the size of a pigeon's egg. This I examined and found it as described, rather deep seated, not very moveable, nor yet very painful. Its character and situation both perplexed me, as it was too high up for ovarian tumour (which was my first thought), when its hardness and situation caused me to suspect scirrhus of the intestine or mesentery, but I treated it as on the former occasion and with like results.

On the 20th January, 1879, I was again sent for, and my patient then stated that the pain was not so severe as on the former or last occasion, but that the tumour was now as large as a goose's egg! On examination I found that her statement was perfectly correct, and that the tumour had grown in only six weeks from the size of a small pigeon's egg to that of a large goose's egg. This new and unusual development surprised me more than ever, being a condition of things that I had never witnessed before, and I at once proposed a consultation to which the lady assented. I called in Drs. Jackson and Lemieux (respectively, Professors of Midwifery and Surgery at the Laval University) and Dr. Rawand, when Dr. Jackson, who had seen a similar case in Edinburgh upwards of forty years before, at once pronounced it a case of "Loose Kidney."

The kidney, for such it evidently was, and not a tumour, was exceedingly moveable, and the displacement great. There must have been great extension and stretching of the celulo-adipose tissue, nerves, and vessels, as it could be freely moved and radiated in every direction, down into the illiac fossa, under the navel and ribs, and beyond the median line. The outline or form of the kidney was not so distinguishable at this time as subsequently, from being tumefied and congested, but the fact of a migratory kidney was unmistakable. By relaxing the abdominal muscles we could feel behind and beneath the kidney, while by pressing deep down into the lumbar region of the same side, an unquestionable void was felt where the kidney ought to have been.

One remarkable feature of this case which may have been somewhat exceptional, was the comparatively little pain produced by examining and handling the kidney, although Dr. Walther says that the kidneys are moveable in a considerable number of persons who suffer in no degree whatever therefrom, and give no thought to the peculiarity, and are even ignorant that they have a moveable kidney.

In such cases, however, the displacement could not have been as extensive as in mine.

An analysis of the urine shewed nothing abnormal, and this is said to be usually so where there is no other organic complication, even where there may be a large amount of pain.

The treatment consists in reducing the dislo-

cation of the kidney, and thereby relieving the symptoms produced by it,* and particularly to guard against manifestations of incarceration. The unpleasant as well as painful sensations disappear at once when the organ has been successfully replaced. This, by placing the patient on her back and manipulating carefully, is easily done, in fact it will almost fall back into its normal position itself, but should it not, light and gentle pressure upon the kidney directed towards the lumbar region will successfully replace it. The after treatment consists of a bandage and pad properly adjusted. Let the whole abdomen be surrounded by a strong bandage, and under it, at a point corresponding with the tumour, apply a well-lined or stuffed concave pad, in order to prevent the kidney from again becoming displaced, and let it be worn constantly, whether lying, sitting or walking.

Guéneau de Mussy recommends a pad shaped like a square, so applied that the lower branch will keep the kidney from falling forward, and the vertical branch will keep it from slipping inward or outward. Some persons recommend an elastic bandage similar to the elastic stockings worn for varicose veins in the legs, but my own experience is in favor of a stronger and more resisting and carefully adjusted bandage, as displacement very easily takes place from bending, turning or straining of the body, which an elastic bandage is unable to control. But despite all these precautions displacement will take place occasionally, and does so in my case, especially during the menstrual period, on which account I enjoin perfect rest in the dor sal posture during all that period. The general health must be attended to, and especially the state of the secretions. If the patient is reduced or emaciated, or suffering from anæmia, support ing diet with iron and tonics is indicated. Flemming † asserts, that mobility of the kidney has been cured by a tonic treatment continued for a long time.

I have stated my conviction that organic lesion occurs much more frequently than is gen erally supposed, and I think I am justified in that conclusion, as Rollet says that among five thousand five hundred (5500) cases in Appolzer's clinic there were twenty-two (22) accurately determined cases of moveable kidneys, or one in two hundred and fifty. Again, at the Charité in Berlin in three thousand six hundred and fifty-eight (3658) autopsies there were five (5) cases, or one in seven hundred and fifty. Now, whatever doubts there may be as to the accuracy of the former case (as doubts have been expressed), there can be none in relation to the latter, as the post mortem examination settles that point.

It is stated on what seems to be good authority that loose kidneys are of much more frequent occurrence in some countries than in others, and particularly in Poland.

It must be evident, however, that the disease is a very obscure one, and one not likely to be discovered by a person whose attention has not already been specially called to such cases.

In my case, had I known what I now do, I should likely have correctly diagnosed loose kidney when the tumour (?) or rather the supposed tumour was only the size of a pigeon's egg, and was breaking away from its adipose bedding and attachments and forcing its way unsuspected and unchecked through the peritoneum, and I should probably have arrested its further displacement, and saved my patient much suffering and inconvenience.

*Ebstein.

† British Medical Journal, 1869, August.

TEA AS A VALUABLE THERAPEUTIC.

By James A. Sewell, M.A., M.D., Dean of the Medical Faculty of Laval University, Quebec.

Read before the Canada Medical Association at Ottawa, September 2nd, 1880.

I have already published some remarks in the Dublin *Medical Gazette*, and also in the London *Lancet*, on the wonderful effects of tea as an antidote to opium. But, as I have had since then other experience of the value of this remedy in other affections, a short paper on the subject may not be inopportune at this time.

One of the first cases in which I had recourse to tea, was that of a lady who had taken a quantity of Batting's "black drop," so enormous that I am almost afraid to mention the amount fearing that it may not be credited. However, as I had no reason to doubt the facts represented to me at the time, the quantity taken of the above-named drug between 4 p. m. and 11 p.m. of a certain day was, as far as I can remember (having lost my notes), ʒ xxviij or ʒ ij every half hour for seven hours. But, let the dose be what it may, we hav-

chiefly to do with its effects. At eleven o'clock p.m. she had a severe convulsion; at 11.30 or thereabouts I saw her, and found her in the following condition: Extremities perfectly cold, no pulse at the wrists, face pale, drawn, and cold, pupils contracted to a pin's point, and her respiration three in two minutes. To all appearance she was dying, but, being the wife of a medical man, and he absent, I sent for my colleague, Dr. Jackson, who arrived about midnight, and gave it as his opinion that she would not live ten minutes. While the messenger was absent for Dr. Jackson, I caused a strong infusion of green tea to be prepared, of which I administered half a pint as an injection. In twenty minutes, to my astonishment as well as that of Dr. J., we could just discover the pulse at the wrist. There was the slightest tinge of red in the lips, while the respiration was *six in one minute* instead of *three in two minutes*. Encouraged by these wonderful results, another half pint was given at half-past twelve, after which she improved rapidly, so much so that at four o'clock in the morning she said to me, "please light the gas, I know your voice but cannot see you." The sun was shining brightly into the room at the time. I have been asked, "Why did you not give an emetic?" I answer, because I conceive no emetic would have had any effect on the paralyzed condition in which we may presume the stomach was after having received the enormous amount of opium above mentioned. I have been also asked why I did not use the stomach pump? Answer, because I do not always take a stomach pump with me when I go out at night, but chiefly because I could see no advantage to the derived from this instrument, seeing that a very large portion of the poison had already been absorbed, and was now doing its fatal work. Moreover, I believe the attempt to introduce the tube in the prostrate state of the patient would have probably caused her death then and there. The remedy I think should always be administered by injection, as it is more likely to be quickly absorbed by a healthy bowel than a paralyzed stomach. Of course Theine or Caffeine would act probably quicker than the simple infusion, but the former remedies are not always at hand, while the tea is. The opium in this case was taken to relieve the pain of angina pectoris.

I have prescribed tea as above in three cases of poisoning by alcohol. The first case was that of an infant of about two years, to whom was given a certain quantity of whiskey, rendering the child perfectly comatose, in which condition I found it at my first visit. I considered the case hopeless, but, having great confidence in the remedy, I administered two ounces of tea per rectum, and had the satisfaction of seeing my little patient perfectly restored in a few hours. The second case was that of a child between four and five years old, who got hold of a bottle of whiskey and secreted herself up-stairs, where she was found some time afterwards in a comatose state, but recovered rapidly under the same treatment.

Case 3rd. A boy aged about eight years, son of a tavernkeeper, got inside the bar one morning, and with the cognizance of the servant drank seven glasses of whiskey on an empty stomach (before breakfast). I was called about nine o'clock, and found the little drunkard dangerously comatose. Wishing to establish the good effects of tea in these cases by the evidence of another physician, I was fortunate enough to secure the presence of the late Dr. Blanchet, jun., a young man of most promising talent, but who was cut off by a premature death—a great loss as well to his friends as to the public in general, and in the medical profession in particular. On seeing the lad, Dr. Blanchet gave it as his opinion that he would die. I differed with him in this opinion, and assured him that, with the tea, I would have him on his legs in half an hour. This did not happen, but in the time prescribed he was on his hands and knees, and in two hours he was well.

I fear I am trenching too much on the valuable time of the Convention, but before concluding I would remark that I have used tea in the coma of fevers, as suggested by that great genius Graves of Dublin, with the most satisfactory results. And I may also add that I have found the same remedy eminently useful in puerperal or uræmic convulsions.

I shall be much pleased if these few remarks hastily thrown together from memory should induce some members present to make trial of the remedy now under notice, and I shall be still more pleased to see the results (should they prove satisfactory) published extensively for the benefit of society.

Before concluding, I would remark that one of my colleagues treated a patient successfully with the same remedy, who had taken, with suicidal intent, one ounce and a half of tr. opii, and that during the present week I administered the remedy to a boy of nine years who had swallowed the enormous dose of one ounce of tr. belladonna, but as other antidotes, as opium, etc., were used at the same time, it is impossible to which of the different remedies to attribute the child's recovery.

Quebec, June 5th, 1880.

Correspondence.

LETTERS FROM READERS.

DEAR SIR,—Affectation may be said to have reached its climax when we find it in writers of prescriptions. There are many practitioners who are well known to be able to write clear, distinct, and easily legible hands, when so disposed, but who appear to consider it derogatory to themselves, or to the profession to which they belong, to do so when writing a prescription. On such occasions they affect a scrawl which would puzzle the ingenuity even of a translator of Chinese, Sanscrit, or Hieroglyphics to decipher. Nothing but a thorough knowledge of the various pharmaceutical preparations could enable a druggist to read, or, more properly speaking, to guess at the ingredients of many prescriptions that are presented to him daily. It cannot therefore be regarded as a very extraordinary circumstance that Magnes. Sulph. was supposed to be Morphia Sulph. in a prescription made up a few days ago, with fatal consequences, in the States. It is true nevertheless that the dose should have enabled the dispenser who put up the medicine to have made a better guess, but so long as prescribers are not more particular about their penmanship we must expect such mistakes to occur; and so long as a responsible position, such as that of dispenser in an establishment, is intrusted to incompetent persons, persons not thoroughly versed in posology more especially, so long will the danger of fatal consequences continue. The latter responsibility rests on the pharmacist, the former, however, depends on the medical man, and if he really cannot write a legible prescription, the sooner he tries to remedy the defect by taking lessons in writing the better it will be for himself and for the community in which he practices.

PHARMACY.

Progress of Medical Science.

ELIXIR CHLOROFORMI COMPOSITUS.

By W. F. McNUTT, M.D., L.R.C.P., Ed., ETC., ETC. Professor Principles and Practice of Medicine, University of California.

[*Reprinted from the* WESTERN LANCET *for August.*]

I have been in the habit for several years of prescribing Collis Browne's chlorodyne in certain cases of asthma, colic, diarrhea, neuralgia, rheumatism, hysteria, etc. It has seldom failed to be of some benefit, and often acted like a charm; in fact, I found it a most excellent and reliable anodyne, anti-spasmodic and sedative.

On account of several objections to its use, I have, after a great deal of experimentation, adopted the following formula as a substitute for chlorodyne, viz:

℞	Morph. mur.....gr. ½	
	Chloral hyd	
	Chloroform	aa ʒ ss,
	Tinct. cinnab. ind.....	
	Tinct. capsici	
	Acid. hydrocyan. dil.....	aa M xx.
	Spt. menth. pip.....	M x
	Syr. sassafras. co. *ad*.....	℥ j.

Dose—ʒ j.

This I have named Elixir Chloroformi Compositus, and can heartily recommend it to those who have been in the habit of using chlorodyne. To those who have never used chlorodyne, I may say they will find elix. chlorof. comp. a most efficient remedy for many purposes and under many circumstances; for instance, in whooping-cough, asthma, emphysema, cough of many phthisical patients, in many cases of hysteria, and especially in many cases of dysmenorrhea, it certainly has no equal. Given as an anodyne, it seldom produces headache or disturbance of the digestion, as does morphine; or depresses the heart's action, as does hydrate of chloral. In diarrhea accompanied with cramping pains and tormina, in teaspoonful doses repeated every two or three hours, it generally acts quick and satisfactorily.

In many cases of diarrhea in children, a few drops of the elixir, together with a few drops of castor oil and vini ipecac, in syrup of acacia, make a most efficient remedy.

The objections to chlorodyne are—

1. It is very expensive in this country.

2. It is not a perfect mixture, as it separates.
3. It is too concentrated to be safe for general use.
4. And, principally, it is a patent medicine, the exact formula for which is unknown.

ARSENIC IN HEART DISEASE.

An English physician, Dr. Lockie, says in regard to arsenic as a cardiac stimulant, that it is believed to be a valuable adjunct to digitalis, and in ordinary valvular disease of the heart, where there is failure of compensation, with its consequent results. Further, it seems to be of great value even in fatty degeneration, and this in spite of the fact that recent experiments tend to show that fatty degeneration of the heart is one of the results of feeding animals with arsenical preparations.

THE CHLOROFORM QUESTION.

In a recent discussion of this question by the Medico-Chirurgical Society of Edinburgh, in which a number of experienced physicians took part, the president, Dr. P. Heron Watson, spoke as follows:

As to the conditions which favored fatal results during the administration of chloroform, it was generally admitted that these were twofold—either respiratory obstruction or cardiac insufficiency. The relation of these con ditions to each other had, as was well known-been a matter of dispute, some asserting that respiration was always first embarrassed, the heart's action being only secondarily affected, while others regarded the failure of the heart's action to be at all events sometimes the initial step in the dying process. Those views had important practical issues. If the first were trusted to, then feeling the patient's pulse during the administration of the drug was not only unnecessary, but liable to distract the attention from the all-needful regard to the condition of the respiration, as to recognize that the pulse was gone, if preliminary respiratory arrest were the cause, was to note that the patient was in danger when life was probably extinct. Were death liable to occur from cardiac enfeeblement, then attention to the pulse was a matter of importance. Now in this case the pulse was noted to have continued good for some time after respiration had ceased and artificial efforts had been employed for some time. The conditions affecting respiration which he had chiefly observed in the use of chloroform originating danger were copious mucous secretion excited by the chloroform vapor, vomited matter from the stomach, sweetmeats, and false teeth, in addition to the gravitation of the tongue. He had, however, seen in some cases an arrest of respiration at the conclusion of a full expiration, accompanied with spasm of the respiratory muscles; and in two cases where an epileptic attack occurred with a fatal result when the patients were inhaling chloroform, this spasm of the muscles of respiration at the conclusion of expiration was undoubtedly the occasion of death. In making traction on the tongue to relieve impeded respiration in a patient under chloroform, he thought the direction over the incisors of the lower jaw was a mistake, and that it should always be toward the upper incisors, as traction of the organ over the inferior incisors, by forcibly depressing the lower jaw, tended both to interfere with the larynx and possibly to compress the carotids, as indicated in the valuable paper of one of its members, Dr. John Smith. The fatal results which occasionally occurred while patients were more or less under the influence of chloroform led naturally to the question of the prognosis of these risks. His own feeling was that it was quite impossible to guage these risks. Chloroform could undoubtedly be administered to many cases affected with most serious cardiac disease with the best results, and there were most serious cardiac conditions in which the use of chloroform, by diminishing the effect of shock, probably diminished instead of aggravating the risk. An instructive case occurred in the early history of the introduction of chloroform, which might have inflicted irreparable damage upon its early prestige had the drug been given. The late Professor Miller was to operate upon a case of hernia in the theatre of the hospital. Sir James Simpson had promised to administer chloroform to the first case in Mr. Miller's hospital practice which might occur. Professor Simpson was sent for, but was out of town. The operation was proceeded with, and at the first incision through the skin the patient died on the table. What would have been said had this been the first case in which chloroform had been employed in the theatre of the Edinburgh Infirmary? The choice of anesthetics does not materially alter the practical confidence in chloroform. That ether should be preferred in the states of America is perhaps not to be wondered at; that mixed vapors should please the imagination of others nearer home need occasion no astonishment. He had himself had ether administered to him when a boy, and no sea-sickness he had ever experienced compared with the prostration which for a week followed the use of the anesthetic. He had seen it given to others because less likely to make them sick, but he had not observed this result had been obtained. He had been gratified by the administration of ethidene to a patient of his in the infirmary some time since, through the kindness of the gentlemen in Glasgow by whom the practical application of this anesthetic had

been introduced. In that instance the patient was in a maniacal state all afternoon after emerging from its effects. Upon the whole he believed he might conclude from the general tone of this discussion that there was no diminished confidence in chloroform, no increased fear in its application, no feeling that professional chloroformists were more required than heretofore to render its employment safe; and last, not least, that no apparatus was more effective or more secure than a common towel or a pocket-handkerchief. It was fortunate that, at a large meeting and a very representative meeting of the society, as it had been this evening, there was no uncertain sound to go forth to the professional world as to the views of the present generation of Edinburgh practitioners upon the chloroform question.

IODIDE OF ETHYL IN ASTHMA.

Daniel R. Brower, M.D., writes to the Chicago *Medical Journal and Examiner* for July, 1880, as follows:—

I have recently had a very satisfactory experience with this remedy in an obstinate case of asthma.

The patient is a youth about fifteen years old, who inherits instability of nervous action from both parents. He has had obstinate attacks for six years past, especially during the spring and summer months.

The only complete relief he has heretofore had has been by change of residence. He has tried about all the remedies that have been suggested, such as nitrate of amyl, chloral, morphia, bromide, belladonna and galvanism, without benefit. Partial relief was obtained for some time, by smoking a portion of the following combination, which in some cases has acted well:—

℞	Dracenti rad. pulv.,	ʒ j	
	Stramonii foliæ pulv.,	ʒ j	
	Lobeliæ pulv.,	ʒ vj	
	Potassii nitratis pulv.,	ʒ ss.	M.

In the attack that commenced this spring this recipe seems to have been of but little service. I therefore ordered him, as recommended by Prof. Lee, of Paris, inhalation of the iodide of ethyl. The preparation used was made by Nosrck, of Darmstadt, and imported by E. H. Sargent & Co., of this city.

After several trials, we found the effective dose to be six drops. This relieved the paroxysms as if by magic, and no unpleasant symptoms followed its use. The only new sensation there seems to have been experienced was occasionally a slight sense of numbness in the feet and hands. Under its daily use the intervals between the paroxysms have grown longer, and the severity of the attacks has been relieved.

It may be well to add, that for some time past, previous to the use of the iodide of ethyl, I had been giving him iodide of potassium with tonics, but the surprising effects upon the paroxysms were clearly due to this new remedy for asthma.

FOR THE COUGH OF TUBERCULAR LARYNGITIS.

Dr. William Pepper gives the following prescription:

℞ Tr. benzoici comp.,	.....	fl. ʒ ij;
Glycerinæ,	.....	fl. ʒ ss;
Aquæ,	.....	fl. ʒ iv.

Sig. To be used as a gargle.

THE TREATMENT OF DIPHTHERIA.

Dr. George Hill, of Hughesville, Pa., strongly advocates the following treatment of this disease in the *Med. and Surg. Reporter*. As a mixture, he prescribes in varying strength of dose, according to the age of the patient, aquæ chlorinii, sodii sulpho-carbolat., glycerinæ, of which two examples will suffice:—

℞	Aquæ chlorinii,	ʒ v.;
	Sodii sulpho-carbolat,	gr. xv.;
	Glycerinæ,	ʒ is.;
	Aquæ, ad.	ʒ vj.
		M.

ʒ j. every two hours, for a child æt. 10 months.

℞	Aquæ chlorinii,	ʒ iij.;
	Sodii sulpho-carbolat,	grs. clx.;
	Glycerinæ,	ʒ j.;
	Aquæ, ad.	ʒ vj.
		M.

ʒ iij drachms every two hours—to be held a moment before swallowing—for a girl æt. 18.

In combination with this form of mixture he gives sulphur sublimatum, in fifteen-to-twenty-grain doses every six hours to adults, until an apparent effect is produced. Locally, purely pulverised tannic acid is applied to the exudation growth with a moistened swab, every four hours, and as a gargle—

℞	Sulphurated sol. sodium chloridi,	ʒ ij.;
	Glycerinæ,	ʒ j.;
	Aquæ,	ʒ iij. M.

Or, glycerate of tannic acid, ʒ j., glycerate of carbolic acid, ʒ ij., mixed and reduced one fourth with water, and applied every four hours.

Where the disease extends into the trachea he strongly urges the use of lime steaming, for which purpose an ounce and a half of quicklime, fresh from the kiln (not air slaked), is put into a tin cup, and covered with a pint and a-half of cold water. Over this is inverted a funnel, not so closely as to exclude the air. To the top of the funnel is attached a tube with a suitab

mouth-piece. The rising steam is to be inhaled for half an hour; if the steam fail to be quickly renewed. An intermission of half an hour is allowed, and then the steaming to be resumed as before, and so on day and night with the utmost perseverance. Emetics of syrup of ipecac. occasionally required to expel detached fragments, and averting the impending suffocation that necessarily tends to occur in such cases. Ice to be allowed freely. Whisky to be avoided, only where there are strongly marked symptoms of failing vitality. The patient must be carefully watched and treated during convalescence and should be seen at least once a week until a normal state of the throat has been fully established. Dr. Hill condemns tincture of iron, tincture of iodine, and nitrate of silver applications to the throat. Under this treatment Dr. Hill has not lost a diphtheritic case for a period of five years, the same successful result being experienced by Dr. G. A. Hill in his practice whilst carrying out the above line of treatment. The cases published in support were typical in their nature, and most interesting in the record ofther progress towards recovery.

SHOULD TEETH BE EXTRACTED DURING PREGNANCY?

Garrett Newkirk, M.D., Wenona, Ills., in *Dental Cosmos*:

What does tooth-extraction necessarily and possibly involve? Physically, it involves a solution of continuity of from one to three square inches of surface of living tissue, the sudden rupture of a large number of small blood-vessels. and from one to four nerves. Contingently, it may involve a fracture more or less extensive of bony process, unusual suffering, or loss of blood. It produces invariably on the conscious subject a sudden nervous impression—*shock*—varying from trifling to serious; pain for a moment almost unendurable; semi-involuntary, possibly violent, movements and outcries, followed by faintness and nervous tremor, are the coincidents and sequelæ in some degree in a majority of cases. Additionally, there may be fear, fright, and occasionally, though rarely, uncontrollable anger.

The degree of shock likely to ensue may be in a measure anticipated by attention to the following considerations, viz: the temperament; present state of health, especially as it pertains to the nervous system; the character, history, and present condition of the tooth in question; the state of the neighboring tissues, and the probable ease or difficulty of extraction. The mental condition of patient should also be considered.

The order which temperaments bear to shock is about as follows: (1) the nervous, (2) nervo-sanguineous, (3) nervo-bilious, (4) nervo-lymphatic, (5) bilious, (6) lymphatic.

The condition of the nervous system at the time of an operation has a marked influence upon results; that which may be well borne at one time may at another be attended by a severe shock, and followed by serious prostration. This fact is never more apparent than in the extraction of teeth. A want of sleep, severe pain (especially if paroxysmal), unusual emotion or excitement, severe illness or overwork, may produce a state of exalted nervous sensibility, or rather irritability, highly unfavorable for an operation.

As to the tooth itself, Has it an inflamed pulp? Is it dead? Is there alveolar trouble of any kind? Is it particularly sensitive to instrumental touch? Has it one, two, three or four roots and nerves? Is the trouble of reflex, malarial, or neuralgic origin? Would much force be required in its extraction? Is it probably amenable to therapeutic treatment? These are some of the questions which may be asked with reference to such cases where extraction is proposed, and which ought to be correctly determined by the dentist before he assumes the responsibility of performing the operation. It is not to be looked on as a trifling operation simply because it is so common. These questions, always proper, become of greater importance whenever the case in hand is that of a pregnant female.

I believe the following rules to be in the line of ordinary prudence:

Where a choice has to be made between allowing the tooth to remain, involving odontalgia, severe neuralgia, antral or alveolar abscess—conditions compromising the general health and comfort of the patient—and the removal of the offender, the latter course is the proper one; but this is a contingency not often arising, and may usually be avoided.

If the operation seems to be inevitable, however, and the temperament, mental and other conditions are unfavorable, with undue nervous irritability, it would be better to modify these conditions, either by forced rest and sleep under an opiate previous to, or by partial anæsthesia at the time of extracting.

During the pregnant state no tooth should be extracted to please the patient or her friends, or to prepare the mouth for artificial work. If should be only as a choice of two well-recognized evils, and then especial care should be exercised to avoid nervous impressions as far as possible.

As the greater danger of miscarriage exists during the earlier months of pregnancy, more particularly the third and fourth, temporary treatment, protection or filling, should, if possible, be resorted to if only for a few weeks.

Again, we all know that with certain timid people the sight of an operating-chair, of instruments, the touch of cold steel, or the sight of

blood may, any of them, be sufficient to cause an almost insupportable condition of nervousness and dread. This is particularly true of females, and especially when *enceinte*. Hence the increased necessity for trying to avoid or to modify these disturbing causes. Under some circumstances it would be better for the dentist to visit the patient at her house, and extract the tooth with an instrument previously warmed and kept from her sight. Much nervous distress may in this way be avoided.

I do not think that any practitioner of dentistry should entertain the theory that the pregnant state is one that may safely be ignored, for I believe such a theory full of possible dangers. Nor should it be forgotten that the question of miscarriage is not the only one involved in this matter. *Prenatal influences* are recognized by intelligent observers, both in and out of medical circles, as among the most important in determining the organic qualities of human beings, and more than usual care is exercised by sensible people to avoid disturbing influences upon the woman and child.

STRANGULATED HERNIA IN PRIVATE PRACTICE.

More than twenty years ago I performed my first herniotomy under every inconvenient circumstances. While administering chloroform I had to operate; my medical friend held the candle, and a female relative of the patient held the mouthpiece in position. Often, in the course of a personal experience of about one hundred and thirty operations, varying inconvenience has been felt. A few years ago I suggested the use of an enlarged wire eye-speculum to separate the edges of the wound, as a substitute for skilled fingers. December 20th I advised immediate herniotomy in the person of a female, aged seventy-two. It became the duty of my medical friend to give his sole attention to the chloroform, while my only other assistant held the light. The hernia was turned well up over Poupart's ligament, while fibrous bands tightly constricted its neck, and were deeply placed. The speculum allowed the light to reach the bottom of the wound, and thus added greatly to the safe performance of a delicate operation. —C. F. Maunder, in *London Lancet*.

A NEW REMEDY FOR DYSENTERY.

According to the *India Medical Gazette* of October 1st, a new and very efficacious remedy for dysentery has been found, which, if somewhat inferior to ipecacuanha, possesses the advantage over it of being free from nauseating effect. It is the root of a plant called Rungum in Bengalee, and found to belong to the genus *Ixora* of the natural order Cinchonaceæ. The species that have been tried are the *I. Bandhuca* and *I. Coccinea* (Roxb.). The plant is a very common one, and is most efficacious when employed in its fresh state. An extended trial of its efficacy has been directed by the surgeon-general.—*London Medical Times and Gazette*.

PROLAPSE OF THE RECTUM IN INFANTS.

In a recent number of the *Wiener Medizinische Zeitung* Dr. Basevi suggests an improved method of treating this troublesome affection, which he finds most successful. He cauterizes the mucous membrane of the intestine lightly with nitrate of silver, and replaces the gut. Subsequently enemata of tannin, alum, and ice-water are ordered, together with very strict diet, with a view to prevent enteritis. Should these measures fail, and the intestine continue to come down, he uses his bandage as follows: The child is held by two nurses, with its buttocks up, over the bed, one securing the upper portion of the body, the other the slightly abducted knees somewhat up in the air. This position is most favorable for the reduction of the prolapsed rectum, because the child cannot bear down. After reposition the surgeon stands on the right side of the bed, with the thumb of the left hand pressing the child's left buttock to the right, while the fingers bring the right buttock toward and against it. With the right hand several strips of plaster of some two finger-breaths are drawn from below upward, and outward, overlappingone another, across the buttocks, from one trochanter to the other. The strips should approach the perineum as closely as possible. As a support to the plaster, a spica bandage of two or three fingers-breadths is run over the lower part of the body. A gutta-percha or waxed paper covering can be used to keep the buttocks clean during defecation, and this bandage can be retained in position for a couple of weeks. If diarrhea be present, astringent enemata may be employed; if constipation, laxative enemata; and these should be given by the physician himself, for fear of disturbing the bandage, which can be changed without difficulty when necessary.—*Press and Cir.*

LANCING THE GUMS IN DENTITION.

In discarding this simple expedient our profession has thrown away a safe and valuable adjuvant in the management of infantile disorders. The only objections to it are that it gives pain, that it hardens the gums so as to retard the advance of the tooth, and that it endangers hemorrhage. So far from giving pain, it relieves pain, and still more the intolerable itching

which children suffer while teething. If hardness result from the cicatrization, it will facilitate the escape of the tooth instead of retarding it; for every tyro knows that a cicatrix is absorbed under pressure more readily than normal tissue. And as to the danger from hemorrhage, fifty years of constant and abundant experience in my own practice and observation of the practice of others around me when the operation was universal, have failed to bring within my knowledge a solitary instance of serious hemorrhage caused by lancing the gums. Upon the other hand, again and again have I seen the infant, when fretting and twitching and starting as if on the brink of a convulsion, fall into a tranquil sleep immediately after the process. More than once have I known the child close its jaws to press the lancet into the itching gums. One child I remember who would run to meet me as I entered the house, and open its mouth to invite what experience had taught it would relieve its suffering. By lancing the gums I do not mean slicing off the prominence, nor yet making a crucial incision. These are superfluous, if not barbarous, procedures. It is sufficient to scarify the swollen tissue in one direction to relieve the tension and remove a few drops of blood from the engorged vessels.—*Dr. Henry Gibbons, in Pacific Med. and Surg. Jour.*

TREATMENT OF ALCOHOLISM.

Dr. F. P. Atkinson (London *Practitioner*) writes as follows:

Some of the most distressing cases we, as medical men, are called upon to attend are those of alcoholism, and it has, unfortunately, fallen to my lot during the last few years to have several from time to time under my charge. A good deal has been written by different persons with regard to treatment, but I do not think this ought to deter one from putting on record his own personal observations, since it is only by accumulation of evidence that proper conclusions can be arrived at. As far as I can see, there would appear to be three different stages in the disease, viz.:

1. *Sleeplessness*, accompanied by a hard quick pulse; loss of appetite in the morning, and morning sickness.

2. *Drowsiness*, accompanied by a slow, somewhat compressible and excitable pulse; complete loss of appetite; and constant sickness. The blood has in it an excessive amount of hydrocarbon.

3. *Delirium*, accompanied by complete absence of sleep and the presence of horrible apparitions, especially at night. The pulse is small, quick, easily excitable and compressible. The blood is deficient in red corpuscles. Hydrocarbons are present in poisonous quantities; the brain undergoes little or no repair. The vaso-motor nerve influence is almost entirely lost. The treatment I have found beneficial in each stage is the following:

First stage—Træ. rhei.,.....min. x.
Træ. card. co.,..... ʒ ss.
Træ. hyorcyami,..... ʒ ss.
Acid. hydrocyanic. dil.,. min. iij.
Sp. chloroformi,.....min. xv.
Aquam ad ℥ i. quartis horis.

The prussic acid acts as a sedative to the stomach, heart, and brain. The hyoscyamus has also to a certain extent the same effect.

Abstinence from stimulants in this, as in the other stages, is strictly enjoined, but when I find it difficult to get this carried out, I allow a glass of claret three times a day. It is essential that the patient gets plenty of light and easily digestible food, and with this object I order essence of beef, milk and eggs beaten up together, and barley water. This diet is suitable to each stage. The only thing to be said is the more the depression the more the nourishment.

Second Stage.—The treatment should be the same as just described, only it is as well to omit the prussic acid, as there is not the same excitement present.

Third Stage.—Chloral should be given in thirty-grain doses every four hours, till sleep comes on, and then repeated as often as necessary. The nourishment should be by no means forgotten, and stimulants should be strictly forbidden.

If chloral is gone on with beyond a certain time, a sleepless condition recurs, when nux vomica and gentian should be given as follows:

Træ. nucis vomicæ,..... min. x.
Træ. gentia co.,..... ʒ ss.
Ess. limonis,..... min. i.
Sp. chloroformi,..... min. xv.
Aquam ad ℥ i. ter quaterve die.

This rarely fails to reinduce sleep, but if persisted in long after it has produced its effects, sleeplessness returns. When this is the case the tincture of gentian, calumba or chiretta should be given alone.

THE HOT BATH AS A RESTORATIVE.

There is one remedy whose employment in medicine is almost as old as is the human race, but which yet seems to us to have an important use not generally practiced. We refer to the hot bath. As sudorifics hot baths are sufficiently in vogue, but their employment as restoratives is not so universally recognised.

The phenomena of death from cold show that a lack of caloric in the body is no less paralysant of animal functions than is an excess of the same force. Evidently the organism was constructed to run upon a certain plane of heat, and

can not vary from this without serious results. By numerous experiments upon animals, in the laboratory of Prof. Wood, in the University of Pennsylvania, it has been proven that in a cool apartment death rapidly results after section of the spinal cord, from falling of the bodily temperature, the animal which in a warm room will live indefinitely, dying very shortly in a temperature of 50° Fahr. The cause of the inability of the animal to resist external cold after section of the cord is undoubtedly vaso-motor paralysis. Normally, the temperature of the interior of the body is maintained by keeping an outer layer of partially-cooled tissue between the internal organs and tissues and the outer air. When, however, the power of contracting the superficial vessels has been lost, the organism can no longer maintain this protecting layer, the surface temperature rises, heat is rapidly lost, and soon the whole body becomes uniformly cooled.

Vaso-motor paralysis is produced by toxic doses of various remedies, and under these circumstances artificial maintenance of the bodily temperature is imperative, forming a most important portion of the treatment of all such *poisoning*. *Collapse* from any cause is largely dependent upon, or, more correctly speaking, largely is, vaso-motor palsy: hence in almost all forms of collapse the use of external heat is of great importance.

Dr. Charles Hunter, of this city, has very successfully applied this treatment to that form of collapse which follows injuries and surgical operation, and is known by surgeons as *shock*. The lack of power of alcoholic and other ordinary stimulants in this condition is proverbial. The pathological state is undoubtedly vaso-motor palsy, the bodily temperature is much below normal, and the rational treatment consists in the hypodermic use of atropia and digitalis and the external employment of the hot bath. The plan of treatment will probably be found to be a very important addition to surgical therapeutics. In the first day of the post-fetal life the power of resisting external cold is very slight, and in many cases of still-born children, or of children whose vital powers are almost extinguished at birth, life may be saved by a high external temperature, the little waif being kept in an air of 90o to 100o Fahr., and from the influence of cold walls which shall draw off. as it were, the little store of heat provided by nature; for there is no doubt that radiation is greatly affected by the temperature of surrounding objects.

In regard to the methods of applying heat, it must, in the first place, be understood that wrapping in blankets, etc., are only useful as a means of preventing cooling of the body; that when the animal temperature has already fallen they will not suffice at all. The same may be said of air heated to temperatures which can be readily obtained or can be borne by the attendants. Radiated heat is somewhat better, and often the use of a brisk open fire is of service. The *hot bath* is, however, the only pyretic remedy which can be relied on, when a Turkish bath is not at hand. It should always be a full bath, in as warm a room as can be produced, and should be at a temperature of about 103° Fahr., when the patient is put into it. The duration of the bath must vary with the circumstances of the case. Frequently, ten minutes will be long enough, but if the mouth-temperature does not rise to normal, a much longer tarriance may be advised. During the bath the heat of the water should steadily be increased as fast as it can be borne, if the patient be conscious. It will be found that 110° is about the limit of endurance for most persons, and in unconscious subjects this limit should not be passed.—*Philadelphia Medical Times.*

BROMINE IN LARYNGEAL CROUP.

Dr. W. Redenbacher (*British Medical Journal*, 1879, p. 234; from *Aerztliches Intelligenz-Blatt*), called to the case of two little girls, aged respectively 5 and 7, suffering with severe croup of the larynx and air-tubes, ordered a table-spoonful of the following mixture to be taken every hour:

℞ Decocti althææ, f℥iv;
Potassii bromidi, ℈i;
Bromi, gr. ivss.;
Syrupi simplicis, f℥i.

On again visiting the patients, whom he did not expect to find alive, he was most agreeably surprised. The difficult breathing, dry hard cough, etc., had all disappeared; the breathing was free, and the cough loose; several portions of croupal membrane had been coughed up. Recovery followed, without toxic symptoms. For children under one year, the quantity of bromine in the mixture should be reduced to one grain and a half, and for those from one to four years old, to three grains.

VENEREAL WARTS.

A writer in the *British Medical Journal* has successfully removed these growths by powdering over the surface twice daily with equal parts of burnt alum and tannin. As these growths occur chiefly in situations where mucous or skin surfaces are in contact and moist, this plan suggested itself. In the first case in which he applied it, the warts were easily rubbed off in the course of three or four days, and other cases have given equally good results.

THE CANADA MEDICAL RECORD,
A Monthly Journal of Medicine and Pharmacy.
EDITOR:
FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.
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MONTREAL, SEPTEMBER, 1880.

We have more than once alluded to the necessity of enforcing the law affecting the sale of Paris green. To the Pharmacy Act is attached a schedule of poisons, which may only be sold by licensed pharmacists, and then only under certain restrictions. The first article on this list is arsenic *and its preparations*, Paris green is a preparation of arsenic. Its scientific name is aceto-arsenite of copper. Its formula is about as follows: 3 Cu As O_2 C_2. H_3 Cu O_2. Probably six grains is a poisonous dose. During the past summer numerous instances of the most criminal carelessness in the sale of this poison have come under our notice. It is sold indiscriminately, and in the most open manner, by shopkeepers all over the Province, and is consequently obtainable without any precaution whatever, by men, women, and children. It is rarely if ever labelled (except in drug stores), and we have seen it sold and wrapped in ordinary newspaper, and delivered across the same counter as tea, sugar and bread!!

So careless has the public become in handling this very dangerous chemical, that many even doubt its poisonous properties, and the writer heard it asserted the other day by an intelligent farmer, that a horse could not be poisoned with it; another farmer uses it to dust on to his currant bushes, *and uses it pure*, without admixture of plaster of Paris. A woman living in a village near the city was seen using it on cabbage plants.

It would be instructive, especially to the Council of the Pharmaceutical Association, to study the number of deaths by Paris green of human beings and domestic animals which have taken place during the past three years. Setting aside all other considerations, it is evidently absurd to place restrictions on the sale of arsenic, and allow Paris green, which is a combination of arsenic and copper, and more deadly than arsenic, to be sold ad libitum by everybody. We cannot believe the Legislature ever contemplated such folly.

A pamphlet, written by a medical man living in this city, entitled, "A Medical Essay on what People should know," has been sent us by a confrère in the country. It is upon the old theme that quacks of the worst character have often followed before, showing up in a mock religious manner the evils and all the dire results of self-abuse, and, of course, ending with a promise of an infallible cure in every case of consultation. On the front and back leaves is the number of the post office drawer, with strict instructions that the number be not forgotten. Inside the pamphlet is the doctor's address. Along with the specimen of quack literature are sent several sheets of printed matter, containing as usual in such cases, the great number of cures. It appears from several letters we have received from medical men outside of the city, this pamphlet has been sent broadcast over the country, more particularly in the counties of Beauharnois and Huntingdon. The recipients of this circular are generally young men. There are always people who are sufficiently credulous to believe anything, and it is among these, quacks must and do prosper. The quack, in this instance, has shot beyond his mark, as both his pamphlets and victims have fallen into the hands of medical men, who will, without delay, bring the subject before the Provincial Board.

We have not yet had the time to discover from what college this public benefactor hails, but will make it our duty to do so. Nothing can be said that is too strong in condemning such a miserable fellow; he should be hooted from one end of the province to the other. Such cases, however, are not to be hooted at, as they have the brass of Satan with all his energy, and it is only when victims diminish in number they depart for "pastures new."

LITERARY NOTE.

The memorial recently presented to Mr. Gladstone, urging him to do all in his power for the

absolute abolition of Vivisection, was signed by "one hundred representative men," among them Cardinal Manning, Prince Lucien Bonaparte, Alfred Tennyson, Robert Browning, James Anthony Froude, John Ruskin, the head masters of Rugby, Harrow and seven other large schools, twenty-one physicians and surgeons, and thirty-seven peers, bishops and members of Parliament. The memorialists take the ground that vivisection, even with anæsthetics, should by law no longer be allowed, and they quote the opinions of Sir William Fergusson, Sir Charles Bell and Dr. Syme, that "it has been of no use at all, and has led to error as often as truth."

They add, the utility, if proved, would not, in this case, excuse the immorality of the practice.

Dr. Leffingwell's paper, "Does Vivisection Pay?" which recently appeared in *Scribners Monthly*, excited much discussion among London papers. It is said that Dr. Woods' reply, in the September *Scribner*, presents the other side with equal force.

PERSONAL.

We regret to announce at Peshaawar, India, on the 10th July last, the death of Charles Herbert Murray, B.A., M.D.C.M. McGill, M.R.C.S. England, Surgeon to the 41st Bengal Native Infantry, in the 25th year of his age. He was the fourth son of the late Rev. Hugh Murray, M.A., T.C.D., Rector of Cootehill, Ireland. Adopted by his uncle, Dr. Reddy of this city, he resided here for several years, and passed through McGill University with distinction, having obtained the Logan Gold Medal in arts and other prizes, and at the primary and pass examination in Medicine received the premiums in both. He also distinguished himself at the competitive examinations in London for the Indian service.

We and his numerous friends deeply regret his early death, and affect cordial sympathy to his bereaved relatives.

Dr. F. W. Campbell, Editor of this Journal, sailed for Europe on the 21st of August last. Business relating to private affairs will prevent his return for two or three months.

Dr. J. Leslie Foley (M.D. Bishop's College, 1880) also sailed for Europe on the 21st of August. His intention is to remain in England for some time for the purpose of following the London Hospital and extending his knowledge of Medicine before settling down to practice.

CANADA MEDICAL ASSOCIATION.

OTTAWA, 1st September, 1880.

The thirteenth annual meeting of the Canada Medical Association was opened this day in the Parliament Buildings, when were present—Drs. Marsden, Hill, Howard, David, Workman, Burritt, Gardner, Burgess, Wright (H. P.), Robillard, Clark, Caniff, Duplessis, Grant, Ross, McDonald, Mullin, Harrison, Zimmerman, Fulton, Shepherd, Sweetland, Osler, Playter, Rottot, Lachapelle, and many others.

The President, Dr. Howard, took the chair at 10.15, and on opening the session requested all the ex-presidents to take seats on the platform.

Dr. Grant, on behalf of the Committee of Arrangements, announced the programme of the proceedings, and that the adjournment for luncheon would be from 1 to 2 each day.

The minutes of the last day's meeting of last session were then read and confirmed.

The Committee of Arrangements reported the credentials of Drs. Brodie, of Detroit, Brush, of Utica, and Goodwillie, of New York, as delegates from the American Medical Association, correct.

Dr. J. D. McDonald moved, seconded by Dr. Marsden, that Drs. Brodie, Brush and Goodwillie, from the United States, be elected honorary members, which motion was carried by acclamation. The President requested these gentlemen to take seats on the platform. Dr. Brodie returned thanks.

Dr. Marsden proposed, seconded by Dr. Gardner, Drs. Jas. Bell (Montreal), R. Howard (St. Johns, Quebec), A. Lapthorn Smith (Montreal), R. Pattee (Plantagenet), and Jas. Cassils (Three Rivers, Que.), as permanent members of the Association, and these gentlemen were duly elected.

Dr. Grant moved, seconded by Dr. Marsden, "That the By-law requiring members to pay for every year be suspended for this meeting," but after a short discussion this motion was suspended until the report of the Committee on the question of Fees, &c., had been received.

It was moved by Dr. Sweetland, seconded

Dr. H. P. Wright, that Drs. McDougall and Bentley, of Ottawa, be elected permanent members. These were elected.

Dr. Caniff moved, seconded by Dr. J. D. McDonald, "That the President's address be the first order of business after recess," which was agreed to.

It was moved by Dr. Stewart, seconded by Dr. Gardner, that Drs. A. Worthington, of Clinton, and J. Campbell, of Seaforth, be elected permanent members of the Association. They were elected.

On the motion of Dr. Marsden, seconded by Dr. McDonald, the By-laws on the order of business were suspended for the present.

Dr. Mullin then reported for the Committee on Fees, &c., "that it is not desirable to insist upon the payment of the annual fee except by those who are present at the meeting," when it was moved by Dr. Bray, seconded by Dr. Harrison, that this report be adopted, which motion was carried unanimously.

On the order of business being resumed, the President called upon the Standing Committees to report.

There was not any report from the Committees on Medicine or Surgery.

Dr. Gardner read an interesting report on Obstetrics.

On the motion of Dr. Grant, seconded by Dr. Powel, Dr Rogers, of Ottawa, was elected a permanent member.

On the motion of Dr. Sweetland, seconded by Dr. H. P. Wright, Drs. Robillard and Malloch, of Ottawa, were duly elected permanent members.

Dr. Lester, of Oswego, Ill., requested permission to attend the meeting, which was granted most cordially.

Dr. Botsford read his report on Sanitary Science, which was discussed by Drs. Brodie Playter, Brush, Workman and Grant.

On motion of Dr. Mostyn, seconded by Dr. Shepherd, Dr. O'Brien, of Renfrew, was duly elected a permanent member.

Dr. Osler then read his report on "The Progress of Pathology," when it was moved by Dr. Caniff, seconded by Dr. Sweetland, "That the discussion on the Reports by Drs. Gardner and Osler be taken up to-morrow morning," which was agreed to.

On the motion of Dr. Workman, seconded by Dr. Botsford, the following gentlemen were named as the "Committee of Nomination":—

Dr. Marsden, Quebec; Dr. Robillard, Quebec; Dr. Osler, Quebec; Dr. Ross, Quebec; Dr. Caniff, Ontario; Dr. McDonald, Ontario; Dr. Hill, Ontario; Dr. Grant, Ontario; Dr. Clark, Ontario; Dr. Botsford, New Brunswick.

The President named Dr. McDonald chairman of the Medical Section, and Dr. Ross as Secretary; Dr. Caniff, Chairman of the Surgical Section, and Dr. McDougall as Secretary.

It being past one o'clock, the meeting adjourned.

Afternoon Session.

A large number of members being present at 3 P.M.,

It was moved by Dr. Workman, seconded by Dr. Marsden, "That, in the absence of the President, Dr. Botsford take the chair."

This being agreed to, the minutes of the morning's meeting were read and confirmed.

On the motion of Dr. Hingston, seconded by Dr. Grant, Dr. Brunel, of Montreal, was duly elected a permanent member.

Dr. Ewing, of Hawkesbury, was elected a permanent member, on the motion of Dr. Ross, seconded by Dr. Gardner.

The President then read his address.

On the motion of Dr. Marsden, seconded by Dr. McDonald, Dr. C. S. Parke, of Quebec, was elected a permanent member.

On the motion of Dr. Gardner, seconded by Dr. Ross, Dr. J. D. Lafferty, of Pembroke, was elected a permanent member.

Dr. G. H. Preston and Dr. J. G. Beard were elected permanent members, on the motion of Dr. Grant, seconded by Dr. Botsford.

On the motion of Dr. Wright, seconded by Dr. Whiteford, the following gentlemen were duly elected members:—Dr. J. C. Prévost, Montreal; Dr. L. C. Prévost, Ottawa; Dr. F. McEwen, Carleton Place; Dr. Lamarche, Montreal; Dr. J. D. Kellock, Perth, as were Dr. G. H. Graves, of Carp, Ont., on the motion of Dr. Fulton, seconded by Dr. Ross; Dr. Bentley, of Richmond, Ont., on motion of Dr. McDougall, seconded by Dr. Whiteford; Dr. Mann, of Renfrew, on motion of Dr. Grant, seconded by Dr. Stewart; and on the motion of Dr. Pickup, seconded by Dr. McDonald, Dr. V. H. Moore, of Brockville.

On motion of Dr. Botsford, seconded by Dr.

Workman, the meeting then resolved itself into sections.

SECOND DAY.

2nd September, 1880.

There being present Drs. Howard, David, Robillard, Botsford, Caniff, Burgess, Ross, Stewart, Pattee, Gardner, Workman, Campbell, Riddle, Mullin, Pickup, McDonald, Burritt, Bray, Bell, Shepherd, Sweetland, Fulton, McDougall, Brunel, Wright, Hingston, Rottot, Lachapelle, and others.

The President took the chair at 10.30.

The minutes of yesterday afternoon's session were read and confirmed.

On the motion of Dr. Pickup, seconded by Dr. Moore, Dr. Cranston, of Arnprior, and Dr. Dickson, of Pembroke, were elected permanent members.

Dr. McDougall, as Secretary, reported the proceedings of yesterday's Surgical Section.

The discussion of Dr. Gardner's report on Obstetrics was then opened.

Drs. Campbell, Bray, Wright, Workman, Brodie, Goodwillie, Dickson, Harrison, Pickup, Moore and Mullin having spoken, Dr. Gardner replied to several important questions put him.

The General Secretary then read telegrams just received expressing regrets at not being able to be present at this meeting from Dr. T. K. Holmes, of Chatham, W. H. Brouse, Prescott, and Atherton, of Fredericton.

On the motion of Dr. Wright, seconded by Dr. Cranston, Dr. C. Church, of Ottawa, was elected a permanent member.

Dr. Hingston then made some remarks on the treatment of hæmorrhage, but no discussion was allowed by the President, when Dr. Osler's report came up, and Drs. Mullin, Howard, Fulton and Hill spoke on it, and Dr. Osler replied.

Dr. Steven Wright, of Ottawa, was elected a permanent member on the motion of Dr. Sweetland, seconded by Dr. Wright.

The President then requested the Vice-President for Ontario, Dr. Hill, to take the chair, as he wished to read the report of the special committee on sanitary matters appointed at the last meeting, but as it was a very lengthy document, he would explain its purport and only read extracts, concluding with proposing "that the President elect, Drs. Oldright, Grant, Browne, Strange and Larocque be a committee to continue communication with the Dominion Government with the view of securing a grant towards carrying out an effective system of health egistration," which motion was agreed to.

The Association then, on motion, resolved itself into sections at noon.

Afternoon Session.

A quorum being present at 3 o'clock, on motion, Dr. Botsford took the chair.

The minutes of the morning's session were read and confirmed.

The President entered during the reading of the minutes and assumed the chair.

It was then moved by Dr. Fulton, seconded by Dr. Bray: "That the following committee be appointed to consider the propriety of adopting some uniform system of classification of disease for the guidance of the profession in Canada, and report at the next meeting of this Association, viz., Drs. Workman, Ross, of Montreal; McDonald, of Hamilton: Atherton, of Fredericton; and Parker, of Hamilton; which motion was carried.

The Association then went into sections.

At 5.45 the President resumed the chair the General Session.

On motion of Dr. Osler, seconded of Dr. Campbell's notice at last meeting, the following was adopted: "That the time devoted to the reading of any paper, except addresses on special subjects, which at a previous meeting had been assigned to a member, shall not exceed thirty minutes," which was agreed to.

Dr. R. P. Howard gave notice of motion for the next meeting: "That By-law chap. 7, first clause of section 2, be amended to read as follows: 'Every permanent member shall pay the treasurer two dollars at every annual meeting which he attends.'"

The Secretary then read the report of the Committee of Necrology, drawn up by Dr. Fulton, giving the names of thirty-one members who had died since our last meeting.

Dr. Botsford, for Dr. Hingston, then moved, seconded by Dr. Sweetland, "That in view of the discussion on over brain-work and cram in schools, elicited by Dr. Grant's very important paper on Gymnastics of the Brain, the following be a committee to report at the next meeting of this Association in reference to this subject, viz., Drs. Grant, Workman, D. Clark, Hir

ston, Larocque, Botsford and Playter," which motion was unanimously agreed to.

Dr. Caniff moved, seconded by Dr. Sullivan, "That it is the unanimous opinion of this Association that at the present time there is no subject demanding the attention of legislators in this country of greater importance than that of public health, and that, in order that Canada may not be behind other countries in this important matter, it is most desirable that both the Dominion and Provincial Governments should, with as little delay as possible, legislate and provide means for the better promotion of the public health throughout this Dominion, and that the General Secretary furnish a copy of this resolution to the Secretary of State." *Carried*

The Treasurer's report was then read, and Drs. Henderson and Buller were named Auditors.

Dr. Marsden, as Chairman of the Nominating Committee, then reported the following as the officers and Committees for the ensuing year:—

President.....Dr. Caniff, Toronto.
Gen. Sect..... " A.H.David, Montreal.
Treasurer..... " E. Robillard, "
Vice-Prest. for Ontario " J. A. Mullin.
Secretary " " " Adam Wright.
Vice-Prest., Quebec.... " G. E. Fenwick.
Secretary " ... " G. A. Belleau.
Vice-Prst., Nova Scotia " McNeil Parker.
Secretary " " Lawson.
Vice-Prest., N. B..... " J. Christie.
Secretary " ..... " P. Inches.

Halifax to be the next place of meeting, and the meeting to be held on the first Wednesday of August, 1881.

Committee of Arrangements.—Hon. Dr. Parker, Dr. Wickwire and Dr. Jennings, all of Halifax, with power to add two members.

Committee of Publication.—Drs. Zimmerman, Toronto; Osler, Montreal; Campbell (F. W.), Montreal, with the General Secretary and Treasurer.

Committee on Medicine.—Drs. A. P. Ried, Halifax; T. D. Holmes, Chatham, Ont.; Taylor, St. John, N. B.

Committee on Surgery.—Drs. Farrell, Halifax; Sullivan, Kingston; Brunel, Montreal.

Committee on Obstetrics.—Drs. Js. Ross, Tronto; R. S. Black, Halifax; Henderson, Ottawa.

Committee on Therapeutics.—Drs. James Stewart, Brucefield, Ont.; Dickson, Pembroke, Ont.; Bray, Chatham, Ont.

Committee on Necrology.—Drs. E. P. Lachapelle, Montreal; S. Z. Earle, St. John, N. B.; J. Fulton, Toronto.

Committee on Education.—Drs. Bayard, St. John, N. B.; Robillard, Ottawa; Pickup, Brockville.

Committee on Climatology and Epidemic Diseases.—Drs. Playter, Toronto; Oldright, Toronto; Larocque, Montreal; Alison, St. John, N. B.; Jennings, Halifax.

Committee on Ethics.—Drs. McDonald, Hamilton; Hingston, Montreal; Robillard, Montreal; Parker, Halifax; Grant, Ottawa; Botsford, St. John, N. B.; Prévost, Ottawa; D. Clark, Toronto; Osler, Montreal; Sweetland, Ottawa.

The Nominating Committee recommend that the President shall exercise his discretion in appointing delegates to any sister scientific associations.

Dr. Hill moved, seconded by Dr. Marsden, "That the thanks of this Association be tendered the Speaker of the House of Commons for the use of the Rooms during the *séance* of the Association." *Carried unanimously.*

Moved by Dr. Botsford, seconded by Dr. Hill, "That the usual honorarium be paid the General Secretary, and the expenses of the Treasurer be allowed that officer, and that the best thanks of the Association be tendered both these gentlemen." *Carried.*

It was then moved by Dr. Mullin, seconded by Dr. Caniff, "That a general certificate be issued by the General Secretary to enable members of the profession to have the advantage of the reduction of rates in travelling enjoyed by members of the Association, and that such certificate be supplied through the Local Secretaries to the Secretaries of all Medical Societies," which was agreed to.

On the motion of Dr. Marsden, seconded by Dr. McDonald, a vote of thanks was accorded to the Grand Trunk and Quebec, Montreal, Ottawa and Occidental Railroads, and to the Ottawa River Navigation Company, for their kindness in reducing the fare of members attending the meeting.

Dr. Botsford then moved that the President leave the chair, and Dr. Caniff be requested to take it; when Dr. Grant moved, seconded by Dr. Botsford, "That a cordial vote of thanks be accorded to our past President for the able manner in which he has presided during our deliberations, and for his admirable and well-timed address," which motion was carried with acclamation.

Dr. Caniff having conveyed the thanks of the Association to Dr. Howard, that gentleman replied.

The auditors reported having examined the books and vouchers of the Treasurer, and found all correct.

The meeting then adjourned at 6.30.

MARRIED.

On Sept. 2nd, at Erskine Church, by the Rev. J. S. Black, assisted by the Rev. Dr. Cranston, of New York, Dr. Jas. Cameron to Miss Lizzie Dakers, daughter of Jas. Dakers, Esq., Secretary of the Montreal Telegraph Co.

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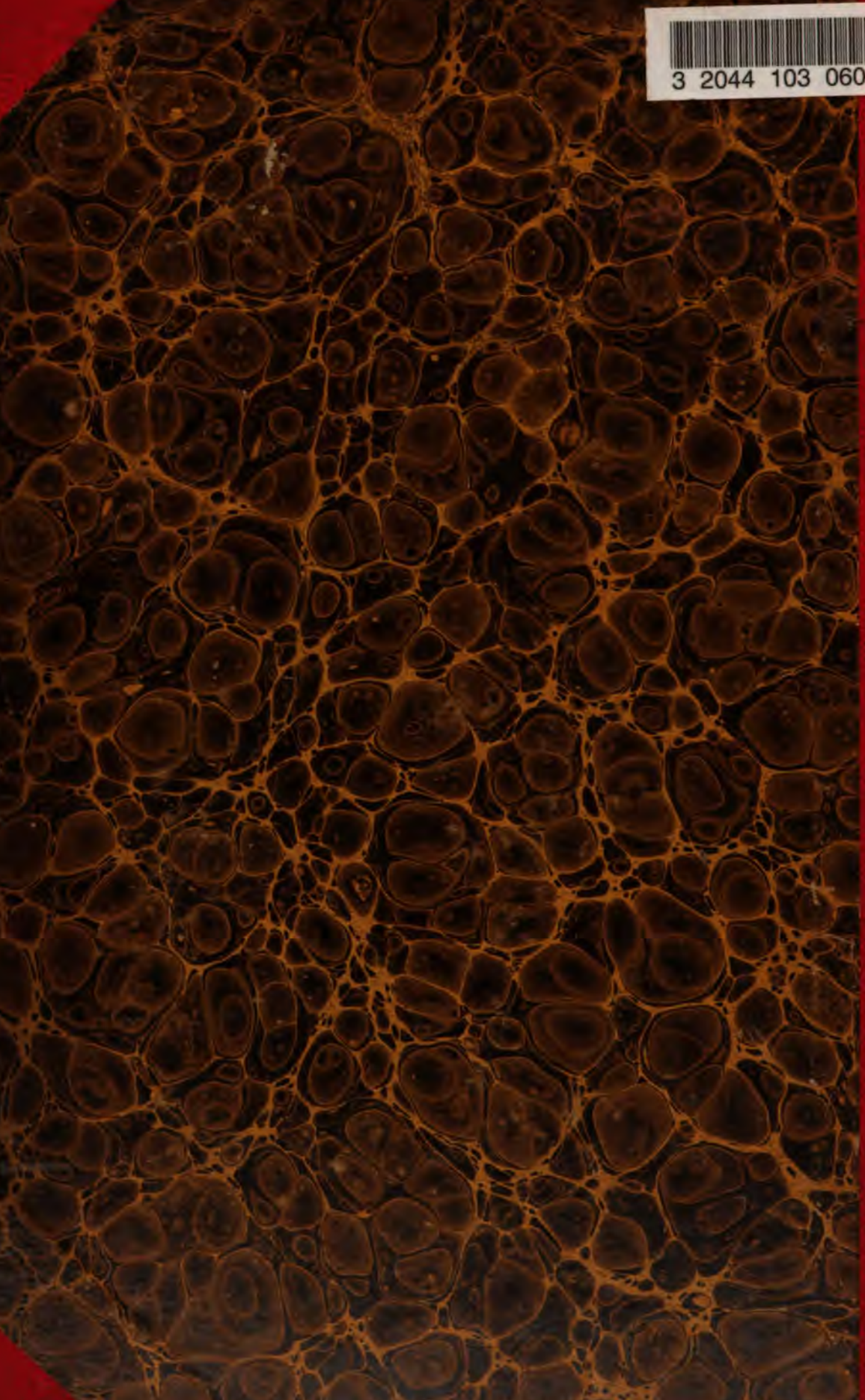
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